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ABSTRACT

In its sixth year of evaluating children's services, the Children's Program Outcome Review Team (C-PORT), under the direction of the Tennessee Commission on Children and Youth, continued to collect and analyze data to improve implementation of service delivery to 11,800 children and families involved in state custody. The C-PORT evaluation for 1999 collected and organized essential information about the population serviced, needs of the children and families, and the system's ability to adequately perform functions to meet the needs of those served. The 12 reviewers collected pertinent information through a series of in-depth structured interviews, and each interview contained a set of questions regarding the status of the child and family, the functions of the service delivery system, demographics, and TennCare (health insurance) implementation. Interviews were conducted with the child, parents, custodial department workers, caregivers, foster parents or care staff in a facility, court representatives, teachers, and other relevant service providers. Case records were also reviewed. Among the findings were the following: overwhelmingly, children in custody were in a positive status; service system functioned only adequately to meet the needs of child/family; most children were appropriate for custody at the time of custody, and the number of unruly children in custody had decreased since earlier evaluations; separation/confusion regarding the roles and responsibilities of the Home County Case Manager and the Residential Case Manager resulted in no clear point of responsibility; and TennCare implementation showed inadequate provider network for medical and dental services. The separate Child and Adolescent Functional Assessment scale contains five psychosocial scales: role performance, behavior toward self/others, moods/self-harm, thinking, and substance use. The scale was completed for 275 children, and showed that 62 percent were rated as impaired in at least 1 of the 5 areas, with 42 percent receiving an impaired rating in 2 or more areas. The 1999 C-PORT findings indicate improvement since the previous year in the overall status of children. However, the data suggest inadequate assessments, failure to request psychological evaluations when needed, denial of psychological evaluation, substantial staff turnover, insufficient training of staff, and inability to access services as barriers to addressing the emotional well-being of children in custody. (HTH)

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*Children's Program Outcome Review Team*

# *1999 Evaluation Results*

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# Children's Program Outcome Review Team
# 1999 Evaluation Results

By Patricia C. Wade, Director, Children's Program Outcome Review Team

Executive Editor Linda O'Neal, Tennessee Commission on Children and Youth

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## Tennessee Commission on Children and Youth

## Children's Program Outcome Review Team 1999 Evaluation Results

### Executive Summary

In 1993, the Tennessee Commission on Children and Youth (TCCY) began development of an innovative evaluation process that "tests" service system performance and outcomes by examining relevant aspects of the lives of children and families being served. Implemented in 1994, the ultimate goal of the Children's Program Outcome Review Team (C-PORT) is to promote positive change by providing qualitative and quantitative information about the status of the child/family and service system functioning for the cases reviewed.

C-PORT reviews are conducted in each of the state's twelve regions on a random sample of children in state custody sufficient to provide validity at the 95 percent level statewide, and the 85 percent level regionally.

The C-PORT process includes a review of records and collection of the following items from the records (when available):

- Petition that led to custody
- Court order for custody
- Social History
- Psychological Evaluation
- Other specialized evaluations
- Permanency Plan
- Individual Education or Program Plan

A protocol consisting of a set of questions is used to collect information through structured interviews with the following:

- Child if age appropriate
- Parent (s)
- Caregiver (foster parent or direct care staff in a facility)
- Case manager (usually two in Tennessee, Home County and Residential Case Manager)
- Teacher or other school representative
- Representative of the court ordering custody
- Any other relevant service provider (Guardian ad Litem, therapist, etc.)
- Other significant/relevant person (relative, friend, coach, etc.)

The majority of information is collected through the interview process.

Separate measures are used to identify child behaviors. The parent/caregiver and the teacher/school representative are also asked to complete an Achenbach Child Behavior Checklist (CBCL) and a Teacher Report Form (TRF). The reviewer completes a Child and Adolescent Functional Assessment Scale (CAFAS).

Following collection of all information, the reviewer writes a brief narrative summary of the case and completes a "Summative: Assessment of Key Domains". The "Summative" has the reviewer answer questions that lead to conclusions regarding the status of the child and the adequacy of the service system functioning on a number of indicators. Additionally, the reviewer completes a "Case Profile" that is used for basic data entry regarding the case. The indicators marked with an asterisk were deemed essential by the Interdepartmental Design Team that developed the original C-PORT protocol. Consequently, all asterisked items had to be positive for an overall positive or adequate rating.

**Status of Child/Family**

1. Safety*
2. Emotional Well-being*
3. Physical Well-being*
4. Caregiver Functioning*
5. Stable Home
6. Permanence
7. Appropriateness of Placement
8. Educational Progress
9. Family Unification
10. Independent Living
11. Child Satisfaction
12. Family Satisfaction
13. Overall Status

**Service System Functioning**

1. Assessment*
2. Long-term View*
3. Child Participation*
4. Family Participation*
5. Service Plan Design*
6. Service Plan Implementation*
7. Service Coordination*
8. Monitoring/Change*
9. Advocacy
10. Early Child and Family Intervention
11. Home and Community Resources
12. Placement Resources
13. Supportive Interventions to Achieve Goal
14. Urgency Response
15. Progress Achieved-Child
16. Progress Achieved-Family
17. Overall Adequacy

Obviously, it would be desirable if all children were in a positive status on all indicators, and all system functions were performed adequately, but this would be an unrealistic expectation. There are no established standards of realistic expectations. The overall goal is to improve or maintain an acceptable level or standard that provides the most desirable and appropriate services to children in care and their families.

The following information summarizes findings for the state sample of 348 cases reviewed by the C-PORT process in 1999:

**Demographic Information on Cases Reviewed**

- Annual household income for 53 percent of the families of children in custody ranged from less than $5,000 to $14,999.

- Thirty-nine percent of the parents of children in custody had some 9-12th grade education, but had not graduated from high school.
- Greatest number of petitions was filed by the Department of Children's Services/Department of Human Services (59 percent).
- The majority of children were adjudicated Dependent/Neglect (72 percent).
- Children exhibiting behavior problems (32 percent), including delinquent and unruly behavior, and neglect by caretaker (28 percent) were the main reasons for children to enter custody.
- A substantial number of children were in foster placements including regular and therapeutic custodial department foster homes and regular and therapeutic contract foster homes (46 percent).
- The age of children in care was primarily 13 and over (55 percent).
- Majority of children in custody were Caucasian (58 percent).
- Majority of children in custody were male (53 percent).
- A little over one in three children (36 percent) had a formal mental health diagnosis, an increase from last year (31 percent).
- Children age 6-12 were remaining longer in custody, an average of 1202 days.

**Critical Issues:** Children and family conditions that contributed to the risk of children entering or remaining in custody included:

- Sixty four percent (64 percent) of the children had parents with substance abuse issues.
- Sixty-three percent (63 percent) of the children had little or no relationship with their fathers.
- Fifty-five percent (55 percent) of the children reviewed had parents who were or had been incarcerated.
- Forty-two percent (42 percent) of the children were from homes below poverty level.
- Twenty-nine percent (29 percent) of the children had experienced domestic violence in the home.
- 1 in 4 children had been allegedly sexually (26 percent) or physically (25 percent) abused.

## C-PORT Findings: Status of the Child/Family

- Overwhelmingly children in custody were in a positive status (87 percent).
- Improvements have been made in addressing the emotional well-being of children in custody (90 percent).
- The physical well-being of children was adequately addressed at the time of the review (98 percent).
- Most children were placed with adequate caregivers (96 percent).
- Most children were in the least restrictive most appropriate placement to meet their needs (93 percent).
- Most children were in stable placements, not likely to disrupt (93 percent).

- For most children, the system had identified an appropriate permanent goal (89 percent).
- Greatest deficiencies were in family unification (26 percent) and family satisfaction (30 percent).
- There were no major differences based on gender, age, race, or placement.

**C-PORT Findings: Adequacy of Service System Functions**

- Service system functioned adequately to meet needs of child/family (46 percent).
- Most of the time the system was engaging children in the planning process (90 percent).
- In 4 in 5 cases the system engaged the family in the planning process (83 percent).
- Advocacy continued to improve (77 percent).
- Majority of Permanency Plans were adequate (63 percent), a considerable improvement from last year (48 percent).
- Majority of families were achieving progress (55 percent).
- Service coordination was adequate 67 percent of the time.
- Supportive intervention to achieve the permanent goal improved (76 percent) from (64 percent).
- Home/Community Resources and Placement Resource indicators improved, but too many children were staying longer in detention/emergency shelter/diagnostic shelter awaiting placement.
- Weak areas included Service Plan Design, Service Coordination, Assessment of Needs, and Progress Achieved-Family.
- There were no major differences based on gender, race, or placement.

**Strengths Identified Statewide**

- Most children are appropriate for custody at the time of custody.
- The number of unruly children in custody decreased.
- Overwhelmingly children in custody are in a positive status.
- Improvements have been made in addressing the emotional/mental health needs of children in custody.
- Most children are in the least restrictive, most appropriate placement to meet their needs.
- Efforts are made to place siblings together.
- More children are in placements closer to home.
- The great majority of foster homes are high quality and very committed to children, and many are willing to adopt.

**Weaknesses Identified Statewide**

- Separation/confusion regarding the roles and responsibilities of the Home County Case Manager and the Residential Case Manager resulted in no clear point of responsibility.
- Substantial turnover and vacancies in positions resulted in lack of continuity for children/families.
- Majority of caseworkers possessed 18 months or less experience.
- Many children experienced multiple placements (four or more).

- A number of children experienced excessive stays in temporary placements - detentions, emergency shelter and/or diagnostic shelters.
- Many Permanency Plans were inadequate.
- Many children stayed in custody too long.
- Many children needing psychological evaluations failed to receive them.

**TennCare/TennCare Partners/MCO/BHO/EPSDT Issues**

Most TennCare issues were confined to five CSA regions across the state: Southeast, Mid-Cumberland, Northwest, Davidson, Upper Cumberland. The primary issues in those regions were:

- Inadequate provider network for dental services.
- Inadequate provider network for medical services.
- Providers not paid/coverage denied including prescription medications, special services, and special medical supplies.
- Refusals or delays replacing glasses/contact lenses.

**Summary of CAFAS Findings**

The Child and Adolescent Functional Assessment Scale (CAFAS) is a separate measure used to assess the child's psycho-social functioning and has been adopted by several other states for evaluating state-served children. The assessment tool contains five psychosocial scales that apply to the child: role performance, behavior toward self/others, moods/self-harm, thinking, and substance use. To each of the scales, the CAFAS applies a 4-level rating system that is used to indicate the degree of dysfunction manifested in each area. The higher the rating, the more severe the level of dysfunction. The level of functioning is expressed in terms of degree of impairment, rated as severe, moderate, mild, or minimal/no impairment.

The total sample consisted of 275 children (those age eligible, and with a completed CAFAS). Of the 275 cases, 62 percent of the children where rated as impaired in at least one of the five areas, with 42 percent receiving impaired ratings in two or more areas. Forty-three percent of the children rated a moderate or severe impairment in at least one area. Among the cases reviewed, the two domains with the most problems in functioning reported were role performance (the effectiveness with which the child fulfills the roles most relevant to his or her place in the community) and behavior toward self or others. Overall, the CAFAS total scores indicated the following treatment needs for the sample population of children and youth in state care: 38 percent supportive intervention, 19 percent short-term treatment (up to 6 months), 15 percent periodic treatment over a 6-24 month period, and 28 percent long-term treatment (1-5 years).

**Conclusion**

The C-PORT process provides significant qualitative and quantitative information about the status of children and families and service system performance. The 1999 results

indicate improvement in the overall status of children compared to the previous year (87 percent compared to 81 percent), with improvements on all essential indicators except physical well-being (98 percent compared to 99 percent). The emotional well-being of children improved by five percentage points. Overall most children are in a positive status, but the emotional well-being indicator continues to be the primary factor in defaulting the overall status of the child to negative. The ten percent (10 percent) of children rated inadequate in emotional well-being needed services to address issues of physical/sexual abuse, grief/separation/loss, and abandonment.

These data suggest inadequate assessments, failure to request psychological evaluations when needed, denial of psychological evaluations, substantial staff turnover, insufficient training of staff, and inability to access services as barriers to addressing the emotional well-being of children in custody. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening elements need to be utilized to access services.

The other indicators, such as stability, appropriateness of placement, independent living skills, education, etc., also improved. Although family unification and family satisfaction improved indicating an increase in family-centered or family focused services, they remain the weakest of all the non-essential indicators at 74 percent and 70 percent. When families are not receiving adequate services to meet their needs or their child's needs, then families are generally not satisfied. In addition, appropriate family interventions are necessary for successful reunification, and the implementation of the Adoption and Safe Families Act (ASFA).

In 1999 the system functioned adequately 46 percent of the time, a considerable improvement over 1998 (33 percent). All essential system indicators improved except assessment. The assessment indicator had been a system strength from 1994 to 1997, but declined even more from 1998 to 1999. Assessment issues included: no/or incomplete assessments, no/or inadequate social histories, needed psychological evaluations that were not requested (in some cases the need was not recognized). The weakest system function was permanency plan design. Issues in this area included: children with no plans or out-dated plans, inappropriate/unclear goals, plan did not address current needs of child and family, and inappropriate services or strategies to secure the desired outcomes for the child and family. Inadequate service coordination and communication, and confusion in roles and responsibilities of the dual case manager program design (Home County Case Manager, Residential Case Manager) generated a lack of continuity of care and no single point of responsibility or understanding of the case. These deficit areas contributed to inadequate progress achieved by the family, and children remaining in custody too long.

## TCCY C-PORT Recommendations

- Increase prevention and early intervention services to reduce the risk of custody.
- Renew the focus on adequate assessments of the strengths and needs of the child and the family.

- Involve the Health Units in efforts to create a mechanism for training and collaboration to overcome barriers to needed psychological evaluations and mental health treatment services.
- Improve the development of Permanency Plans to address the issues/barriers that led to state custody, as well as the on-going educational and treatment needs of children and their families.
- Provide a single case manager for each child.
- Reduce and redistribute caseloads to a manageable size.
- Improve communication and coordination among all parties that work with the children and their families.
- Provide sufficient training to staff to provide them with needed skills to fulfill job roles and responsibilities.
- Provide more family-focused services to facilitate timely and successful reunification.
- Provide substance abuse treatment services for parents and older children.
- Reduce the number of children in custody too long.
- Provide timely permanency for children ages 6 to 12.
- Address the inadequacy of TennCare/TennCare Partners networks particularly in 5 of the 12 CSA regions in the state to address critical issues of sexual/physical abuse, and grief/separation/loss issues experienced by children in state custody, and medical/dental needs.
- Provide sufficient placement options to eliminate excessive stays in detention/emergency shelter/diagnostic shelter.
- Continue the C-PORT evaluation process and utilize results for continuous improvement efforts.

The C-PORT process has systematically documented the status of children and the performance of the service delivery system as it continues to evolve in Tennessee. It is an important vehicle for both documenting and stimulating positive system change. The process serves as both a road map and a compass. It shows us where we are and points us in the direction we need to go for continuous improvement in the delivery of services to children and families.

**Tennessee Commission on Children and Youth**
**Children's Program Outcome Review Team**
**1999 Evaluation Results**

## Introduction

In its sixth year of evaluating children's services, the Children's Program Outcome Review Team (C-PORT), under the direction of the Tennessee Commission on Children and Youth (TCCY), continued to collect and analyze data to improve implementation of service delivery to children and families involved in state custody. The C-PORT evaluation collected and organized essential information about the population of children served, needs of the children and families, and the system's ability to adequately perform functions to meet the needs of the children and families it serves.

The C-PORT evaluation uses the "service testing" method, also referred to as "quality service review," for measuring service delivery outcomes. Service testing is similar to consumer product testing with the following objectives: 1) to determine how well individual consumers are doing in areas related to the services received and 2) to determine how well system service functions worked in those cases. Service testing is a form of case study that combines evidence gathered through documentary analysis, interviews, and observations to render findings for individuals and for the system as a whole, based on the experience of those individuals. The purpose is to provide a tool that promotes overall quality improvement in providing services to children and families, and to stimulate change and instill principles of good practice.

The Tennessee Commission on Children and Youth employs a core group of twelve full-time, trained reviewers whose sole function is to conduct reviews for the C-PORT evaluation. Each reviewer possesses an average of 10 years of individual experience, and cumulatively 114 years of employment experience related to providing services to children. Their varied backgrounds include social services, community health, mental health, and education. All possess experience in children's services and experience with the juvenile court.

The C-PORT evaluation process is funded through the Department of Children's Services and the funding for the evaluation is derived from the following:

- 13 percent Title IV-E foster care and adoption
- 3 percent Title IV-E training
- 6 percent TennCare administration
- 23 percent TennCare treatment
- 55 percent unmatched state funds.

Reviews for 1999 began March 1, and involved 45 to 60 randomly selected cases in each of the 12 Community Service Agency regions. The order of the reviews was based on the Department of Children's Services (DCS) schedule for implementation of their new program model that began in 1998. Data for 1999 were reflective of the population under the new model of service delivery. This means that children are assigned a home county case manager responsible for completing an assessment on the child and family and developing the Permanency Plan based on the needs identified in the assessment. A residential case manager is also assigned to the child if the child is placed in a residential facility or foster home. A third case manager, referred to as a resource case manager is responsible for managing the contracts and foster care resources for DCS, and is responsible for obtaining appropriate out of home placement for the child. The 1998 results are considered the initial baseline data on the new service delivery model from which to measure improvement. Comparative data is included in the report.

At the beginning of 1999, Tennessee had approximately 11,800 children in custody. To evaluate the outcomes for a representative sample of children served by the state, the sample size was predetermined in order that the results of the case review process would be statistically significant at the 85 percent level of confidence with +/-15 percent accuracy for each regional sample. The number of cases reviewed statewide is sufficient to be statistically significant at the 95 percent level of confidence +/-05 percent accuracy for the state sample. These estimates indicate that a sample size of 583 children for the regional distribution of results and 348 children for the statewide distribution of results would be sufficient in reflecting the target population.

Pertinent information was collected utilizing a special instrument called a protocol. The protocol contained a series of in-depth structured interviews and each interview contained a set of questions regarding the status of the child and family, the functions of the service delivery system, demographics, and TennCare implementation. Interviews were conducted with the following: child (if age appropriate), parent(s), custodial department worker(s), caregiver(s) (foster parent or direct care staff in a group facility), court representative(s), teacher(s), and other relevant service providers. The case records were reviewed. Permanency Plans, social histories, psychological evaluations, and court orders were copied and reviewed. The majority of information was collected through the interview process. Deductive conclusions were made based on the information given by the interview participants within the system providing services and the consumers receiving the services.

Before summarizing case studies, the reviewers answered questions that led to summative conclusions regarding the status of the child and the functioning of the system on the indicators listed below. The indicators marked with an asterisk were deemed essential by the Interdepartmental Design Team that developed the original C-PORT protocol. Consequently, all asterisked items had to be positive for an overall positive or adequate rating.

**Status of Child/Family**

1. Safety*
2. Emotional Well-being*
3. Physical Well-being*
4. Caregiver Functioning*
5. Stable Home
6. Permanence
7. Appropriateness of Placement
8. Educational Progress
9. Family Unification
10. Independent Living
11. Child Satisfaction
12. Family Satisfaction
13. Overall Status

**Service System Functioning**

1. Assessment*
2. Long-term View*
3. Child Participation*
4. Family Participation*
5. Service Plan Design*
6. Service Plan Implementation*
7. Service Coordination*
8. Monitoring/Change*
9. Advocacy
10. Early Child and Family Intervention
11. Home and Community Resources
12. Placement Resources
13. Supportive Interventions to Achieve Goal
14. Urgency Response
15. Progress Achieved-Child
16. Progress Achieved-Family
17. Overall Adequacy

## Questions Concerning the Status of the Child

Presented below are the common sense questions used in the protocol to determine the current status of the child receiving supports and services.

1. ***Safety:** Is the child living in this setting in imminent danger of harm? Is the child's physical living condition hazardous or apt to cause serious harm? Is the child living in this setting in danger of harm from him/herself? Is the child fearful of people living in or frequenting the home? Can the child's whereabouts be ascertained and/or is there reason to believe that the family is about to flee or refuse access to the child? Is child sexual abuse suspected and do circumstances suggest that the child's safety may be an immediate concern? Is the behavior of adult(s) in child's placement violent or out of control? Is the adult(s) in child's placement predominantly negative toward child or have extremely unrealistic expectations? Has the caregiver caused, or made a plausible threat that has or would result in serious physical harm to the child? The adult(s) in child's placement has not/can not/will not provide sufficient supervision to protect the child from potentially serious harm? Adult(s) in child's placement has not or is unable to meet the child's immediate needs for food, clothing, shelter, and/or medical care? Adult(s) in child's placement has previously abused or maltreated a

child, and the severity of the abuse or maltreatment, or the caregiver's prior response to the incident, suggests that child's safety may be an immediate concern? Drug or alcohol use of adult(s) in child's placement seriously affects his/her ability to supervise, protect or care for the child? Is the community safe, given the setting in which the child is living? Are appropriate, sufficient services being provided to reduce/eliminate harm? Is the child safe from harm? With the current level of supervision, is the child likely to harm him/herself or others?

2. ***Emotional Well-Being:** Does the child's behavior(s) indicate emotional problems? Does the child have a Diagnostic and Statistical Manual (DSM) diagnosis? Does the child take medication for emotional or behavioral problems? Does the caregiver understand and respond appropriately to the child's emotional needs? Are necessary and adequate services being provided to meet emotional needs? Does the child's daily activities and relationships provide stimulation, emotional support and fun? Is the child receiving treatment that is of the intensity and scope necessary to facilitate the child's participation in school, family and social activities? Are the child's social/emotional needs being adequately and appropriately addressed?

3. ***Physical Well-Being:** Are the child's basic needs for food, shelter and clothing being met? Are the child's primary health care needs being met? Are the child's chronic health care needs being met? Are necessary and adequate health care services being provided to keep the family intact or contribute to the permanent goal? Are the child's primary physical/medical needs being adequately and appropriately addressed?

4. ***Caregiver Functioning: Current Caregiver:** Who is the child's current primary caregiver? Is the current caregiver a victim of domestic violence? Is the current caregiver an alleged perpetrator of domestic violence? Is the current caregiver alleged to have substance abuse issues? Can the current caregiver perform the necessary parenting functions adequately to ensure child safety and well-being? Does the caregiver have adequate physical and mental capacities to care for child? Is the caregiver understanding and responsive to the child's needs? Can the caregiver meet extraordinary demands? Are necessary supportive services being provided? Can the primary caregiver perform the necessary parenting functions, care and/or treatment services adequately and consistently for the child? **For congregate living facilities:** Are living conditions safe? Are appropriate treatment services being provided for the child? Is the child receiving adequate services in accordance with program treatment plan? Does the program treatment plan adequately interface with the Permanency Plan? Are specific supportive services clearly identified to facilitate the child's discharge? Is there a person identified who is responsible for and acting as the single point of accountability for the child's care? Is the facility providing services of appropriate focus, scope and intensity to meet the child's identified needs? Does the child need a less restrictive living situation? Does the child need a more restrictive living situation?

5. **Stability:** Does the child have a history of unstable living arrangements? Are probable causes for a disruption of current living arrangement present? Are appropriate services being provided to reduce the probability of disruption? Has the child's stability improved since custody? Is the child's current living arrangement likely to be disrupted in the foreseeable future?

6. **Permanent Goal:** Has a permanent goal been identified in the Permanency Plan, if "no" are necessary steps being taken to identify a permanent goal? By consensus? Is the child in a permanent placement, and if "no" have the goals and timelines been established to achieve the permanent placement? Is the child in a permanent placement or are reasonable efforts being made to obtain a permanent placement?

7. **Appropriateness of Placement and Residential Goal:** Is the restrictiveness of the placement appropriate for the child, if "no" does child need a less restrictive or more restrictive placement to receive needed services? Is the child in the appropriate setting to meet his/her needs, if "no" where should this child be living? What needs to be done to get the child to where he/she should be living? Is there a projected time line established in the Permanency Plan for discharge to a family like setting/permanent placement? Is there concern that the child is experiencing "lost time"? Is this the least restrictive, most appropriate placement in which the child can receive needed services?

8. **Educational/Vocational Progress:** Is the child enrolled in school/vocational training? Is the child currently in appropriate educational placement? Does the child have a pattern of regular attendance? Is the child performing on grade level? Does the child have special needs that are not being met in the current educational placement? Is the case manager participating in securing educational services for child in care? Is there a plan for attaining education goals? Is the child making academic/vocational progress? Is the child making progress in school/vocational training?

9. **Family Unity Support (Family of Origin):** If child lives at home, are necessary, appropriate and adequate services being provided to keep the family intact? If the family is in danger of disruption, is the family receiving services necessary to preserve the family unit? If not living with the family, is the child's family receiving services necessary to reunify? If the family cannot reunify now, is contact being maintained via visits and other means? Is the family participating in planning and decision making necessary to facilitate or to maintain reunification? Is the family receiving the supports necessary to reside together or to reunify if living apart?

10. **Independent Living (for children 13 years and older):** Are independent living skills addressed in the Permanency Plan? Is the plan being implemented? If not addressed in the Permanency Plan, are independent living skills being otherwise provided? Is the child currently getting what he/she needs to grow up to be a working, functional adult? Are necessary, appropriate services and supports being provided to help the child achieve independent living?

11. **Child Satisfaction:** Does the child understand what supports and services he/she will receive? In the opinion of the child, are the services he/she is receiving helpful or beneficial? Is the child currently receiving the planned services? If appropriate, are services provided responsive to the preferences and convenience of the child? Is the child satisfied with his/her services and the responsiveness of the system?

12. **Family Satisfaction:** Does the family understand what supports and services they will receive? In the opinion of the family, are the services they are receiving helpful? Are they currently receiving the planned services? If appropriate, are the services provided responsive to the preferences and convenience of the family? Is the family satisfied with their services and the responsiveness of the system?

**Questions Concerning System Performance**

Presented below are the questions used in the protocol to determine the performance of essential system functions. These questions focus on service system procedures.

1. ***Assessment of Needs:** Scope and Functionality of Assessments: Are the child's strengths identified? Are the family's strengths identified? Are risks to the child identified? Are risks to the community identified? Do assessments reflect the input and perspective of the child, parent, legal guardian, relatives, as applicable? Are there gaps in information or problems which indicate the need for further assessment? Is the assessment information consistent with the reviewer's understanding of what the child's and family's needs are? Are all current, obvious and substantial needs of the child and family identified and analyzed through existing assessments?

2. ***Long Term View:** Is there an explicit strategy that should enable the child/family to live safely without state supervision? If "no" is there an implicit understanding of what will be necessary to enable the child/family to live safely without state supervision? Does the child/family have critical needs in order to live safely, without state supervision, that are not being met, such as housing, social supports, parenting functioning/capacity, child's needs? If the child cannot return to his/her family, is there an explicit strategy that identifies where and when the child will live in a permanent family or prepare for independent living? Is there an explicit strategy that identifies where and when the child will live with a family or independently, and organizes/coordinates efforts that are made to achieve that goal?

3. ***Child Participation:** If age appropriate, was the child involved in the development of the Permanency Plan? Did the system exhibit sensitivity to the child's schedule and transportation resources in planning staffings and visits? Has the child been involved in changes in treatment/placement? Does the child understand what he/she has to do to be returned home or achieve the permanent goal? Is the child actively involved in the planning and implementation of services as well as participating in decisions made about his/her future?

4. ***Family Participation:** Was the family involved in the development of the Permanency Plan? Did the system exhibit sensitivity to the family's schedule in planning staffings and visits? Did the system exhibit sensitivity to the family's transportation needs in planning staffings and visits? Were repeated and substantial efforts made to engage the family and solicit participation? Has the family been involved in changes in treatment/placement? Does the family understand what they have to do for the child to be returned home? Is the family actively involved in the planning and implementation of services, as well as participating in decisions made about the child's future, or were substantial efforts made to involve family?

5. ***Service Plan Design:** Is there a written Permanency Plan? Does the Permanency Plan address reasons the child came into custody? Does the plan address all needs identified in the assessment for the child and family? Are there needs that must be addressed in order to achieve safety with independence from state supervision and does the plan address them adequately? Does the Permanency Plan adequately reflect current services and strategies? Is there a specific time or date that the Permanency Plan is to be updated? Are the proposed interventions and supports appropriate to the situation/person's capabilities? Is there evidence to indicate that service planning is limited by what is available rather than what is appropriate for the child and family? If the plan goals were met, would the child/family be able to function safely and be independent of state supervision? Do the plan's goals correspond with the long term view for the child? If the plan's goals were met would the child be or continue to be living in a permanent placement? Are all needs identified through the assessment process being addressed for the child and family? Were additional needs of the child and family identified through this process that should be addressed for the child and family? Are their needs inadequately addressed due to lack of sensitivity in services, and are these needs cultural or a result of client characteristics? Has the plan been revised to reflect progress or lack of progress of the child or the family in meeting plan goals? Does the plan include specific objectives to obtain the permanent goal? Does the plan include specific services to be provided to enable the child to return home, or achieve the permanent goal? Is the plan individualized and are there specific timetables for the services to be provided? Does the plan address visitation with parents or other family members, identification of who is responsible for the provision of services, and child support? Is the Permanency Plan relevant to the issues and coherent in the selection and assembly of strategies, supports, services and timelines established for the child and family?

6. ***Service Plan Implementation:** Have the essential services and activities identified in the plan been provided in a timely manner for the child/family? Have the essential services and activities identified in the plan been provided consistently for the child/family? Have the essential services and activities identified in the plan been provided at the appropriate level of intensity for the child/family? Have the essential services and activities identified in the plan been provided by qualified providers for the child/family? Are the strategies and services that are being implemented meeting the needs of the child and family? Is there an appropriate match between the child and the service provider with respect to language, culture and other relevant

characteristics? Are appropriate services and supports specified in the plan being implemented in a timely and consistent manner by qualified providers for the child/family?

7. ***Service Coordination:** Is there a single point of coordination and accountability for the service plan and those involved in its implementation? Is there integration of services and continuity of effort in the service delivery? Is there a mechanism for identifying emerging problems and developing an appropriate response and adjustments in the plan? Is there adequate communication so all relevant persons involved know the current status of the case? Is there continuity and coordination in the provision of services to the child/family?

8. ***Monitoring and Change:** Is the status of the child routinely monitored? Is the status of the family routinely monitored? Are changes in the status of the child documented? Are changes in the status of the family documented? Are known risk factors being monitored? Is progress/lack of progress toward achieving goals/objectives being monitored? Is the plan revised to reflect changing needs and circumstances when objectives have been achieved, when services change, when strategies are unsuccessful, or when emergent problems arise? Are all entities carrying out their monitoring responsibilities adequately, including the DCS Home County Case Manager, the DCS Residential Case Manager, the placement, and the service provider? Is the status of the child/family routinely monitored and evaluated, and are changes made as necessary to respond to needs?

9. **Legal Advocacy:** Has the child had legal representation? Has the child's family had legal representation? Does the child/family appear to understand the state system and appeal rights? Does the child/family appear to understand the implications as well as legal rights regarding state custody?

10. **Early Child and Family Intervention:** Were early signs of family problems identified? When early signs were identified, were services appropriate in scope and intensity offered to address them in a timely manner? Were needs for the home/community-based services identified? Were family preservation or other in-home or community-based services provided to prevent removal? Were home/community services provided before resorting to out-of-home placement? Were relative/friend options exhausted before resorting to out-of-home placement? Did the system intervene at the earliest opportunity with family support services of sufficient scope and intensity to keep the child and family together?

11. **Home/Community Resources:** Has the need for home/community based resources been identified? Have all obvious and substantial needs been matched with appropriate community services/service providers? Are home/community services and supports readily and consistently available when needed by the child or by the family? Are home/community based services and supports culturally appropriate for the child and for the family? Are parents/relatives/friends receiving the supports and assistance necessary for them to perform essential parenting functions? Is the array of

available home and community services adequate in variety, intensity, continuity and cultural compatibility to maintain the family intact or contribute to the permanent goal?

12. **Placement Resources:** For children who cannot remain in their home, is there an adequate array of family placements (relative, foster care, therapeutic foster care) to meet their needs? Are these placements available, within the county, or the Community Service Agency (CSA) region, or within the grand region or within the assigned placement not in county/CSA region? Are family placements receiving the necessary supports and assistance? For children who cannot function in a family environment, is there a sufficient array of residential placements to meet the needs in the least restrictive environment possible? Are these placements available within the county, within the CSA region, within the Grand region or within the assigned placement not in county/CSA region? Is the array of placement resources adequate to provide appropriate out-of-home placements in a timely manner in the least restrictive environment?

13. **Supportive Intervention Services to Achieve Permanent Goal:** Are necessary services identified to keep the child with his/her family or move the child to a permanent goal/placement? Have the essential services and supports necessary to keep the child with his/her family or move the child to a permanent goal/placement been provided in a timely manner, consistently, at the appropriate level of intensity, and by qualified providers? Are the services necessary to keep the child home or move the child to a permanent placement being implemented in a timely manner?

14. **Urgency Response:** Can the system recognize emerging problems, as well as identify resources needed to stabilize them? Are the resources needed to stabilize or resolve emerging problems available in a timely manner, consistently, at the appropriate level of intensity, and by qualified providers? Does the system appear adequate to stabilize or address emerging problems of an urgent nature?

15. **Progress Achieved by Child:** Did the system provide the child with repeated and substantial opportunities to improve/meet goals? Is the child improving or making progress? Based on all information collected in the review process, has progress or improvement as measured in outcomes/benefits for the child been achieved?

16. **Progress Achieved by Family:** Did the system provide the family with repeated and substantial opportunities to improve/meet goals? Is the family improving or making progress? Based on all information collected in the case review process for any family whose child has been in state custody for 30 days or longer, has progress or improvement as measured in outcomes/benefits for the family been achieved?

By December 7, 1999, a total of 583 cases were reviewed. The data was then summarized and compared to the cases randomly selected for statewide analyses (348 cases). The statewide sample was at expected levels of variations from the total sample because of the impact of regional variations.

In addition to compiling individual case data, reviewers identified service system strengths, noteworthy accomplishments, and emerging system performance issues observed in the cases reviewed in each region.

The statewide distribution of results for 1999 were compared to the data collected in previous years. The data presented here demonstrate changes over time. The following information summarizes findings for the last five years.

## Children's Program Outcome Review Team Results

### Demographic Information on Cases Reviewed

- Greatest number of petitions was filed by the Department of Children's Services or the Department of Human Services prior to consolidation, followed by law enforcement and juvenile courts. Forty percent of the petitions were filed by DCS. The percent filed by parents remained the same as last year. Petitions filed by law enforcement increased from 13 percent in 1998 to 14 percent in 1999.

| Petition Filed By | 1999 | 1998 | 1997 | 1996 | 1995 |
|---|---|---|---|---|---|
| Department of Human Services/DCS | 59% | 57% | 49% | 47% | 50% |
| Parents | 8% | 8% | 11% | 11% | 15% |
| Law Enforcement | 14% | 13% | 10% | 11% | 10% |
| Courts | 9% | 9% | 10% | 10% | 8% |

Children are brought before the juvenile court as the result of the filing of a petition. Petitions are filed by members of the community, or stakeholders involved with children's services related to the abuse, neglect, or behavior problem of the child. Children can have multiple petitions before entering custody.

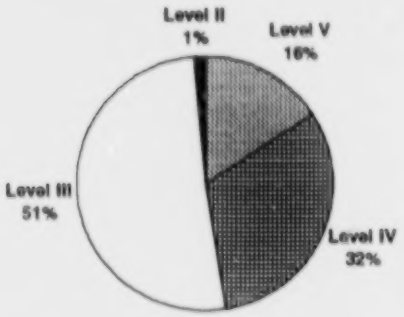
- The majority of children were adjudicated Dependent/Neglect.

| Adjudication | 1999 | 1998 | 1997 | 1996 | 1995 |
|---|---|---|---|---|---|
| Dependent/Neglect | 72% | 68% | 65% | 67% | 68% |
| Unruly | 5% | 9% | 12% | 12% | 15% |
| Delinquent | 22% | 23% | 23% | 21% | 17% |

The percent of dependent/neglect adjudications increased considerably from 1998 to 1999. The percent of delinquent adjudications varied slightly, but the majority of offenses remained in the Level III category (i.e. assault, possession of controlled substance/other drug offenses, theft of property, burglary, motor vehicle theft) as last year. However, the level of offenses such as aggravated assault, aggravated burglary, carrying a weapon, weapon at school, possession of controlled substance for resale (Level IV), aggravated rape, rape, kidnapping, aggravated robbery, robbery, (Level V) increased. Fifty one

percent (compared to forty-eight percent of the children adjudicated delinquent last year) fell into Level III, forty-eight percent fell into Level IV and V combined. For the first time the Level V (16 percent) offenses included both male and female perpetrators. Over a fourth of these children had experienced custody more than once; four times was the most reported.

**Level of Offense for Delinquent Adjudications**




Unruly adjudications continue to decrease from 15 percent in 1995 to 5 percent in 1999. Since 1996, the courts have been restricted from committing a child adjudicated unruly to the custody of DCS unless the child is referred to the department's juvenile-family crisis intervention program (FCIP) for review and intervention. The FCIP would then certify to the court that there is no other alternative than to place the child in custody. The FCIP has had a positive impact in this area.

- Children exhibiting behavior problems, including delinquent and unruly behaviors, and neglect by caretaker were the main reasons for children to enter custody.

| Reason for Custody | 1999 | 1998 | 1997 | 1996 | 1995 |
|---|---|---|---|---|---|
| Behavior Problems | 32 | 33% | 34% | 38% | 37% |
| Neglect by Caretaker | 28% | 31% | 32% | 28% | 30% |

- A substantial number of children were in foster placements including regular and therapeutic custodial department foster homes and regular and therapeutic contract foster homes. Group placements are any congregate living environment and data suggest a decrease for 1999 in this type of placement. In almost all regions, the majority of the children in foster and group placements were placed either in their home county or within the CSA region. Children residing in family and foster placements increased in 1999. Overall, 93 percent of the children in custody were in the least restrictive, most appropriate placement to receive needed services. A comparison by residence and

ajudication indicates 85 percent of the children residing in group placements or adjudicated delinquent were in the least restrictive most appropriate placement. In addition, supportive services to keep families intact or to reunify children with their families greatly improved. Refer to Appendix C for additional information.

| Placement | 1999 | 1998 | 1997 | 1996 | 1995 |
|---|---|---|---|---|---|
| Family | 25% | 22% | 22% | 26% | 19% |
| Foster | 46% | 43% | 43% | 40% | 43% |
| Group | 23% | 30% | 25% | 29% | 32% |
| Runaway | 6% | 5% | 10% | 5% | 6% |

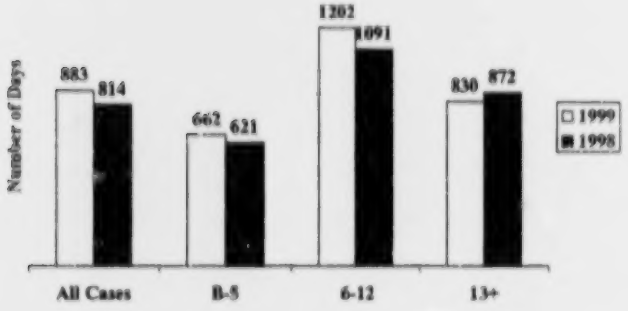
The average number of placements for a child was 3.4. Children age 13 and over experienced the greatest number of placements. Six percent of the children had experienced ten or more placements. The majority of children on "runaway" status had run from group placements.

- The age of children in care was primarily 13 and over for all six years. The mean age of the child was twelve, the median age was 13.9.

| Age of the Child | 1999 | 1998 | 1997 | 1996 | 1995 |
|---|---|---|---|---|---|
| B to 5 | 21% | 19% | 22% | 23% | 16% |
| 6 to 12 | 24% | 24% | 22% | 21% | 24% |
| 13 plus | 55% | 57% | 56% | 56% | 60% |

- Children age 6-12 were staying longer in custody. The average length of stay increased overall except for children age 13 and older.

**Average Length of Stay By Age**
**Comparison with Previous Year**




- The racial breakdown of children in custody was:

| Race of the Child | 1999 | 1998 | 1997 | 1996 | 1995 |
|---|---|---|---|---|---|
| Caucasian | 58% | 52% | 57% | 60% | 58% |
| African American | 35% | 41% | 38% | 35% | 34% |
| Other | 7% | 7% | 5% | 5% | 8% |

Other includes Asian American, Biracial, and Hispanic.

The percent of African-American children in custody declined. However, these data indicate African-American children remained in custody longer than Caucasian children did, an average of 989 days compared to 816 days.

- The majority of children in custody were male.

| Sex of the Child | 1999 | 1998 | 1997 | 1996 | 1995 |
|---|---|---|---|---|---|
| Male | 53% | 59% | 59% | 57% | 54% |
| Female | 47% | 41% | 41% | 43% | 46% |

- Seventy-two percent of children were adjudicated dependent/neglect/abused.

- Children adjudicated delinquent were mostly male, and 68 percent had substance abuse issues. Sixty-three percent of the children adjudicated delinquent also had parents with substance abuse issues. Other significant critical issues for delinquent children included domestic violence in the home (37 percent), and approximately a fourth were reported to be involved in gangs. Refer to Appendix D for more information regarding critical issues by adjudication.

- Forty-one percent of the children adjudicated delinquent were of minority race, and 22 percent of them resided in Youth Development Centers, compared to 13 percent of the 59 percent of Caucasian children adjudicated delinquent.

- Although unruly adjudications have decreased, over half of them are female.

| Adjudication by Gender | 1999 | 1998 | 1997 | 1996 | 1995 |
|---|---|---|---|---|---|
| Dependent/Neglected male | 46% | 52% | 51% | 50% | 50% |
| Dependent/Neglected female | 54% | 48% | 49% | 50% | 50% |
| Unruly male | 33% | 44% | 49% | 52% | 39% |
| Unruly female | 67% | 56% | 51% | 48% | 61% |
| Delinquent male | 83% | 83% | 90% | 82% | 81% |
| Delinquent female | 17% | 17% | 10% | 18% | 19% |

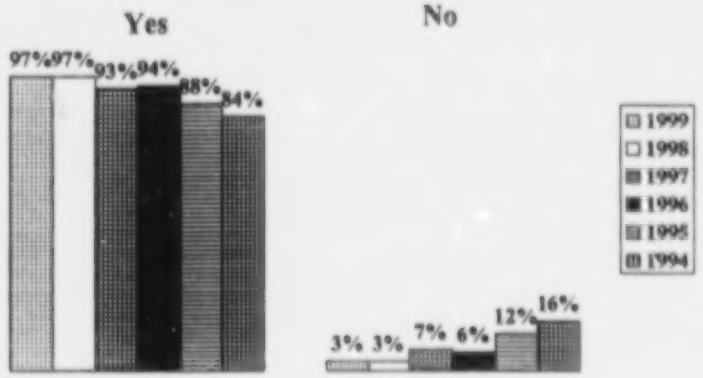
- Fifty-five percent of the children reviewed had parents who were or had been incarcerated compared to 57 percent in 1998. The majority of children with parents who were or had been incarcerated was age 13-17, and residing in foster placements. These data suggest children with incarcerated parents may be at increased risk for state involvement.

| Incarceration of Parent(s) | 1999 | 1998 | 1997 | 1996 | 1995 |
|---|---|---|---|---|---|
| All Cases | 55% | 57% | 51% | 47% | 40% |
| Father | 24% | 25% | 21% | 23% | 20% |
| Mother | 15% | 15% | 14% | 14% | 10% |
| Both Parents | 17% | 17% | 16% | 10% | 10% |

The father was the most likely parent to be incarcerated (41 percent). The mother was incarcerated in 32 percent of the cases in 1999. Parents were incarcerated for a variety of offenses, but the mother was more likely to be incarcerated for drug-related offenses than offenses against the child.

- If needed services had been provided at the time of removal, it appeared custody could have been avoided for 3 percent of the children in 1999, the same as in 1998, and 7 percent of the children in 1997, compared to 6 percent in 1996, and 12 percent in 1995. Therefore, most children were appropriate for custody at the time of custody.

## If Provided Needed Services, Was State Custody Necessary?




- Children were remaining in custody too long due to delays: in release from custody, in termination of parental rights, and in the adoption process. In some cases, the window of opportunity to go home or be released had passed and current circumstances and/or behaviors now prohibited release. The progressive increases in these percentages from 1995 to 1998 shows that the custody too long issue needs to be addressed. The year 1999 does indicate a slight decline in the percentage of children in custody too long.

| Custody Too Long | 1999 | 1998 | 1997 | 1996 | 1995 |
|---|---|---|---|---|---|
| Percent of Cases | 26% | 28% | 24% | 22% | 26% |
| Needed To Go Home | 9% | 8% | 17% | 20% | 64% |
| Needed Termination of Parental Rights | 19% | 36% | 23% | 29% | 18% |
| Needed to Complete Adoption | 38% | 19% | 26% | 33% | 1% |
| Needed To Be Released | 18% | 23% | 25% | 18% | 17% |
| Needed to Live Independently | 0 | 3% | 4% | 0 | 0 |
| Other | 16% | 11% | 4% | 0 | 0 |

For the past six years C-PORT results identified the need for additional attorneys and paralegals to expedite the release of children from custody, terminate parental rights more timely, and complete permanency through adoption. Last year the General Assembly passed legislation to fund 36 attorneys in order to improve the legal advocacy for children in state custody. This effort should begin to have an impact in reducing the number of children in custody too long.

## Critical Issues

Beginning with the 1995 reviews, children and family conditions that contributed to the risk of entering or remaining in custody were categorized under "Critical Issues" and added to the Preliminary System Observation reports (Refer to Appendix B). These are conditions or characteristics that influence the need for services. The process included summarizing the presence of these conditions when they were significant in a region. In 1997, the data summary process included documenting these issues in all cases. This information may also be used for identifying the necessary services for implementation early in a child's life to prevent custody.

## Characteristics of Children in Custody: Four Year Comparison

The following table is an extracted list of only those characteristics with consistently high percentages.

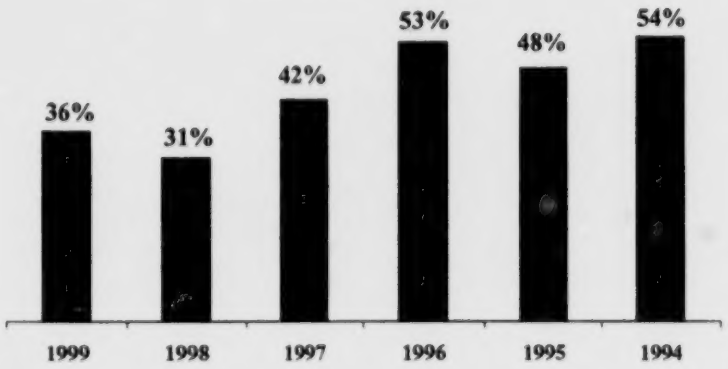
| | 1999 | 1998 | 1997 | 1996 | 1995 |
|---|---|---|---|---|---|
| Children of parents with substance abuse issues | 64% | 65% | 63% | 54% | NA |
| Children having little or no relationship with father | 63% | 61% | 65% | 54% | NA |
| Children from single parent families (mother) | 41% | 46% | 50% | 44% | 44% |
| Children from homes below poverty level | 42% | 41% | 40% | 38% | NA |
| Children had a reported formal mental health diagnosis | 36% | 31% | 42% | 53% | 48% |

Sixty-three percent of the children in the 1999 sample had experienced little or no relationship with their father as compared to 61 percent in 1998. There is also data to indicate a trend with children experiencing little or no relationship with mother. The C-PORT process has also identified children removed from relative caregivers, excluding biological parents and placed in custody. These issues suggest the need for possible relative caregiver assistance to prevent custody or kinship care program to maintain children with families.

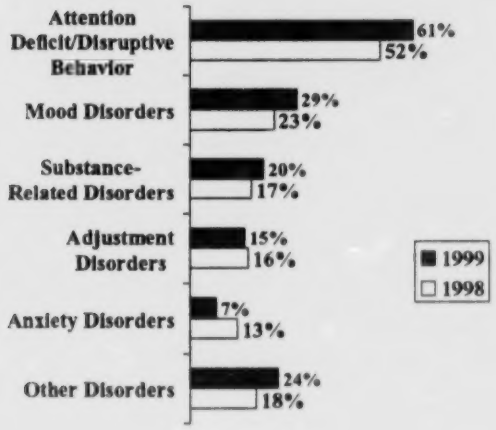
The percentage of parents with substance abuse issues was 64 percent in 1999 compared to 65 percent in 1998. These are certainly problems to be addressed by the system in providing prevention, education, intervention, and treatment services. Substance abuse issues crossed age, race, and gender as either the first or second most problem area. Refer to Appendix D for additional information regarding critical issues overall and by age, race, gender, residence, and adjudication.

Attention deficit/disruptive disorders, 61 percent, (i.e. Attention-Deficit/Hyperactivity Disorder, Conduct Disorder, Oppositional Defiant Disorder) were the major clinical diagnoses for children with a reported formal mental health diagnosis. The second mental health issue related to mood disorders and increased six percentage points followed by substance related issues. Another category, "Other," included children diagnosed with borderline intellectual functioning (6 percent), learning disorders (6 percent) and parent/familial relationship issues. The total number of children with a reported mental health diagnosis also increased from 31 percent in 1998 to 36 percent in 1999.

## Reported Formal Mental Health Diagnosis
### Statewide Cases



## DSM Diagnosis
## 1998-1999 Cases




## C-PORT Findings: Status of the Child/Family

| | 1999 | 1998 | 1997 | 1996 | 1995 |
|---|---|---|---|---|---|
| • Children reviewed in an overall positive status | 87% | 81% | 83% | 79% | 75% |
| • Safety of children positive | 95% | 95% | 93% | 92% | 93% |
| • Children's physical well-being addressed | 98% | 99% | 95% | 96% | 94% |
| • Children placed with adequate caregivers | 96% | 94% | 94% | 91% | 92% |
| • The child's emotional well-being addressed | 90% | 85% | 84% | 82% | 78% |
| • Families receiving services to remain intact or to reunify with children | 74% | 60% | 68% | 66% | 62% |
| • Families were satisfied with services received | 70% | 65% | 69% | 67% | 59% |

The overall status of the child/family was 87 percent positive in 1999 and the best overall since 1995. The safety and physical well-being of children remained a strength.

Inadequate emotional well-being of the child was the primary reason for the child to be determined in a negative status. This indicator, if not adequate, would default the case to an overall inadequate. This area improved from 85 percent in 1998 to 90 percent in 1999. Children who were rated negative in emotional well-being most frequently were in need of

treatment because of issues related to abandonment, separation and attachment, grief and loss, and sexual or physical abuse. Services to address these issues were not always being provided, and/or not recognized as a treatment need. Frequently, children with a history of sexual or physical abuse, who needed a psychological, had been denied a psychological, or more frequently the caseworker had not requested one because of prior experience with the requests being denied by the Behavioral Health Organizations. Consequently, children were not always able to access appropriate mental health services. Overall, this area has progressively improved.

Families not receiving needed services appeared to be the greatest overall deficiency, up from 60 percent in 1998 to 74 percent in 1999 indicating a more focused approach in providing services to families. Children were experiencing delays in returning home in a timely manner, and adequate services to remain in the home or to achieve successful reunification were insufficient. Consequently, families were not satisfied with the system because they were not always receiving appropriate services at the level needed in a timely manner.

## C-PORT Findings: Adequacy of Service System Functions

| | 1999 | 1998 | 1997 | 1996 | 1995 |
|---|---|---|---|---|---|
| • Service system functioned adequately to meet needs of child/family | 46% | 33% | 51% | 46% | 40% |
| • Assessment of needs of child/family | 70% | 73% | 86% | 86% | 80% |
| • Plan of Care design | 63% | 48% | 72% | 71% | 63% |
| • Service plan implementation | 79% | 69% | 73% | 67% | 66% |
| • Service coordination | 67% | 59% | 70% | 65% | 61% |
| • Monitoring/change | 74% | 60% | 72% | 66% | 61% |
| • Supportive intervention for children to achieve permanent goal | 76% | 64% | 72% | 65% | 64% |
| • Progress achieved by family | 55% | 52% | 56% | 56% | 50% |

Overall, the system performed adequately 46 percent of the time. This is a significant increase from 1998. While the system's ability to identify child and family problems had been a strength from 1995 to 1997, in 1999 children were adequately assessed at 70 percent, the lowest performance ever on this indicator. The problems included incomplete social histories or no social histories; children needing psychological evaluations but not receiving them; children not receiving appropriate follow-up evaluations such as: developmental, speech and language, alcohol and drug, and psycho-educational assessments. Some of these problems could be attributed to lack of training in developing a social history, or recognizing the need for additional assessments, denials by the Behavioral Health Organizations for psychological evaluations, not appealing denials, and turnover and vacancies in positions within DCS.

Service plan design (63 percent) was the weakest indicator contributing to the overall system inadequacy. The plans failed to address child or family needs, were out of date, contained inappropriate goals, were not individualized, or listed inappropriate services or strategies to obtain desired outcomes for children and families. In some cases there was no plan. When compared by age group, service plan design was weakest for children age 6 to 12 and these are the children staying in custody an average of 1,202 days.

Service coordination declined from 70 percent in 1997 to 59 percent in 1998, but improved to 67 percent in 1999. While service coordination may have improved, confusion in roles and responsibilities of the dual case manager program design (Home County Case Manager, Residential Case Manager) still exists. The dual case manager roles with Home County and Residential Case Manager contributed to the lack of communication and coordination. Problems included: confusion and inconsistency regarding the varying roles and responsibilities; difficulties in obtaining needed records and information; inequitable work loads; lack of coordination or sharing of information; fragmentation of knowledge of needs of child and family. Overall, the dual system generated a lack of continuity of care and no single point of responsibility or understanding of the case. These deficit areas contributed to inadequate progress achieved by the family, and children remaining in custody too long.

While most children are appropriate for custody, approximately 26 percent remained in custody too long, a slight decrease from 28 percent in 1998. Last year the Department of Children's Services received funding to hire additional attorneys to, among other things, help resolve the custody too long issues. The enforcement of the Adoption and Safe Families Act will also require appropriate steps to justify termination of parental rights.

Supportive intervention for children to stay or return home increased from 64 percent in 1998 to 76 percent in 1999, indicating improvement in family-focused services. It is still the weaker of the non-default indicators and generally correlates to progress achieved by the family, which went from 52 percent in 1998 to 55 percent in 1999. This deficiency illustrates the need for family support services of sufficient scope and intensity to prevent escalation of problems and to keep the child and family together.

**Strengths Identified Statewide**

- Overwhelmingly children in custody were in a positive status.
- Most children were appropriate for custody at the time of custody.
- Most children were placed in the least restrictive most appropriate placement.
- Most foster homes were effective in providing a stable, nurturing, home-like environment.
- Efforts were made to place siblings together when appropriate.
- The number of unruly children in custody decreased.
- Improvements have been made in addressing the emotional/mental health needs of children in custody.
- More children were in placements closer to home.

**Weaknesses Identified Statewide**

- Separation/confusion regarding the roles and responsibilities of the Home County Case Manager and the Residential Case Manager resulted in no clear point of responsibility.
- Substantial turnover and vacancies in positions resulted in lack of continuity for children and families.
- Many Permanency Plans were inadequate.
- Majority of caseworkers possessed 18 months or less experience.
- Many children remained in custody too long.
- Many children experienced multiple placements (four or more).
- A number of children experienced excessive stays in detentions, emergency shelter and diagnostic shelters.
- Many families were not receiving needed services to facilitate reunification.
- Many children needing psychological evaluations failed to receive them.

Refer to Appendix B for regional information on Service System Strengths, Noteworthy Accomplishments, and Service System Issues. Refer to Appendix F for a comparison of percentages by region.

**System Component Performance**

The system of care for children and families can be separated by system components. Upon completion of each case, the reviewers were asked to answer questions regarding the roles and responsibilities of the various system components. Each question is scored based on response options: "yes" received 100 points, "somewhat" received 50 points, "no" received 0 points, and if the response was not applicable it was not included in the data. Points were averaged for the scores given. This additional data piece provides information that directly relates to the overall system outcomes. Refer to Appendix E for scores for the Department, Placement, Parent, Court, School System, and Child.

**TennCare/TennCare Partners/MCO/BHO/EPSDT Issues**

Most of the TennCare/TennCare Partners/MCO/BHO/EPSDT issues were confined to five regions across the state: Southeast, Mid-Cumberland, Northwest, Davidson, and Upper Cumberland. The primary issues included:

- Inadequate provider network of medical services.
- Refusals or delays to replace glasses/contact lenses.
- Problems securing primary care providers.
- Inadequate provider network for dental services.
- Providers not paid/coverage denied including prescription drugs.
- Denials/delays of approval for needed medications.

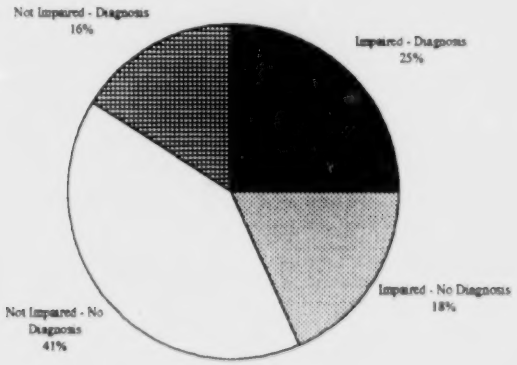
**Summary of CAFAS Findings**

The Child and Adolescent Functional Assessment Scale (CAFAS) is used as a supplemental tool to the C-PORT evaluation. The assessment is very useful in determining a child's ability or inability to function in the community by measuring the child's level of psychosocial impairment. The CAFAS measures the degree of impairment in functioning in children and adolescents secondary to emotional, behavioral, or substance use problems. The CAFAS is multidimensional, measuring functioning in five areas: role performance, moods/emotions, behavior towards others, thinking, and substance abuse.

From the total 348 children and youth (aged birth to 21 years) included in the 1999 C-PORT sample, 299 were ages 4-18 and thus eligible for the CAFAS scale. For 25 of the 299 cases there was insufficient information available to complete a CAFAS, bringing the final eligible completed cases to 275, which represents a 92 percent rate of completion.

Although many of the children were rated as functioning in the average range for their age for specific areas, over 60 percent demonstrated some type of impairment in at least one area. Forty-two percent of the children were rated with moderate or severe impairment in at least one area. Children with both formal mental health diagnosis and impairment in their daily living skills as measured by psychosocial functioning are considered the most seriously disordered and those at highest risk of future problems. Twenty-five percent of the children were so identified; an additional 18 percent were identified as impaired, but did not have a formal diagnosis.

**1999 CAFAS - Level of Impairment**




Among the cases reviewed, the two domains with the most problems in functioning reported were role performance (the effectiveness with which the child fulfills the roles most relevant to his or her place in the community) and behavior. Overall, the CAFAS total scores indicated the following treatment needs for the sample population of children and youth in state care: 38 percent supportive intervention, 19 percent short-term treatment (up to 6 months), 15 percent periodic treatment over a 6-24 month period, and 28 percent long-term treatment (1-5 years). This indicates a significant proportion of children needing specialized and long-term care.



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## TCCY C-PORT Recommendations

Based on all the information collected in the C-PORT process, the following are priority recommendations for enhancements in children's services that should improve both system functioning and outcomes for children and families:

**Prevention/Early Intervention:** Increase early intervention and prevention services to reduce the risk of custody.

Collaborative efforts between schools, courts, families, and child-serving agencies are essential in recognizing problems early, and addressing the problems with appropriate resources. Even though the majority of children in custody appeared appropriate at the time of custody, increased efforts toward prevention and intervention at the earliest opportunity is necessary to reduce the risk of custody. When problems go unrecognized or are ignored without adequate intervention for years, the problems can escalate to a level requiring custody and often take additional years to correct. The time to intervene is at the first sign of problems, with the appropriate level of services to children at greatest risk. Prevention services are generally less costly than custody. More programs and services are needed to address substance abuse issues for families and children. It is critical to begin services as early as possible in the way of education, treatment and support.

In increasing numbers children have little or no relationship with fathers and the percentage of children who experience little or no relationship with mothers is on the rise. If extended relatives are to succeed in providing for these children then additional resources will be needed to assist families to prevent the children from entering custody.

Resources must be made available to reduce crime for adolescents. There are prevention programs that have been identified as effective in reducing adolescent crime, aggression, and substance abuse. These programs and methods need exploring and possibly adopting to address the needs of adolescents committing crimes in the Level III, IV, and V categories.

**Assessment:** Improve the adequacy of assessments, which has continued to decline from 86 percent in 1996 and 1997 to 70 percent in 1999. This area had been one the system's greatest strengths.

Training is needed to improve understanding of how the identification of problems and needs for the child and family play a significant role in providing the appropriate services to reach the desired outcome. An adequate assessment should generally include a complete collection of pertinent information pertaining to the child and family that would enable the case manager to create an appropriate long term view for services and design an adequate permanency plan. A complete social history should include: developmental history, the history leading to custody, academic performance, medical history, family constellation,

family background, behavioral problems, neighborhood, pre-existing assessment evaluations, cultural issues, any evidence of social and or economic deficits, and recommendations for additional assessments to identify problems. It would also be beneficial to the Department of Children's Services to utilize a standardized measure such as the Achenbach Child Behavior Checklist that identifies pro-social and functional behavior, and psychopathology. This information would lend validity to the need for appropriate services, placements, etc., and supply a database for children in custody.

The objective is to build a case for service necessity, not only for immediate goals, but for long term planning toward permanency, which has major implications for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and the Adoption and Safe Families Act (ASFA). Adequate assessments are essential in meeting the requirements for EPSDT, mental health needs, educational needs, and for access to services.

To ensure children have adequate assessments, case managers need adequate training: to identify needs for psychological evaluations, and how to appeal if they are denied; when to request specialized assessments; social history development; and requirements for EPSDT.

**Early and Periodic Screening, Diagnosis and Treatment:** Ensure that all children are receiving both well-child screenings at specified intervals during the child's stay in custody, as required by federal regulations, and that children are receiving needed supplemental assessments and treatment.

When interviewed in 1998 and early in 1999, many case managers were unsure whether EPSDT had been completed. Sometimes case managers would report that children had received EPSDT screening when there was no documentation; other times there would be documentation that screening had occurred, but case manager would report the child had not been screened. Often caregivers were in a better position to answer questions regarding EPSDT.

By mid-1999, most children were receiving EPSDT screening. The Department had made significant progress in educating case managers and complying with the basic screening requirement. However, there was still a need to better understand EPSDT and how it can be used to obtain authorization for needed psychological evaluations and other specialized assessments, as well as access to treatments identified as needed through the screening process.

In order to ensure that the "treatment" aspects of EPSDT are met, there is a need for additional therapeutic resources for children with special treatment needs. These include both placements and therapists who are skilled in meeting the specialized needs of children in custody. Please refer to recommendations under the headings of "Emotional Well-being of Children" and "Placement Resources" for recommendations in this area.

Training and collaboration efforts involving DCS, the Department of Health (DOH) TennCare/TennCare Partners, MCOs/BHOs, service providers and private practitioners are needed to ensure that EPSDT requirements are met. Special efforts are needed to ensure that

children receive specialized assessments, and that they receive needed treatment, including therapeutic placements and services, that are identified by the screening process.

The involvement of the DCS Health Units and other strategies that are being developed to respond to the John B. Consent Decree should be beneficial in creating mechanisms to overcome barriers to adequate assessment, treatment and services.

**Permanency Plan Development:** Design adequate Permanency Plans that are individualized, reflecting the needs of children/families as identified in the assessments, and not limited just to barriers and/or issues that brought the child into custody.

A single case manager system, adequate assessments of children and families, and adequately designed permanency plans should ensure timely permanency for children.

Adequate assessments and adequate Permanency Plans are essential to meet the requirements of EPSDT and ASFA, and to the child and family reaching the desired goal or outcome. Failure to identify appropriate services often results in delayed treatment, delayed family intervention, and increased length of stay in custody. Children are staying in custody too long as a result of delays in termination of parental rights, adoption, and, for children who have returned home, delays in release from custody. ASFA and state legislation require reducing the timeline for Permanency Planning hearings to 12 months. Procedures to ensure permanence must begin for any child remaining in custody 15 of the last 22 months. This timeframe significantly impacts the need for adequate assessments and adequate Permanency Plan development and implementation. Documentation of efforts to engage families will be essential as justification for reunification or termination of parental rights.

Service Plan Design was the weakest indicator and often failed to address child or family needs. Training is necessary to ensure that children and families have Permanency Plans that address current issues/strategies/services and have clear goals, especially for children age 6 to 12.

**Service Coordination:** Establish a single point of coordination with efforts toward collaboration and communication for all providers in the child's case.

Service coordination improved by eight percentage points to 67 percent. Though service coordination has improved, confusion in roles and responsibilities of the dual case manager program design still exist. Increased turnover and vacancies in positions contributed to a number of staff with 18 months or less experience. In addition to limited experience, many also had inadequate training. Remaining caseworkers were forced to absorb large caseloads and communication between workers was often fragmented. Historical information and current needs of a child and family were not always shared.

Overall, the dual system generated a lack of continuity of care and no single point of responsibility or understanding of the case. The more people involved in a child's case, the more crucial the need for communication and coordination. The lack of ownership or clear

responsibility adversely impacts the relationships among child, family, and the system. This reduces effective case management, impedes progress and creates resentment.

Providing children and families with a single case manager will also help reduce caseloads to the level of manageability. To adequately coordinate services, a single point of coordination must be established with efforts focusing on positive outcomes for children and families.

In addition, in order to retain employees the salaries need to be improved to attract candidates and retain employees. Sufficient training and support are essential to maintaining staff at the level needed to accomplish system goals.

**Family-Focused Approach:** Increase family-focused, community-based reunification services.

Although the data continues to indicate improvement in family-focused services, providing supportive interventions to families in order for children to remain in the home or return home needs attention. Treating children in isolation without family intervention generally does not precipitate the changes necessary for children to sustain gains they have made while in out of home placements. Nor can family unity be preserved within the home without the necessary services to solve problems that initially brought the child to the attention of the court. Permanency Plans often did not include a family page or family goals, or reflect current needs. Reviewers have increasingly observed more children being cared for by extended family, creating additional demands for more creative services to support these relative resources. An increase in kinship/relative care resources may help families remain intact. The Adoption and Safe Families Act of 1997 also demands increased family services.

**Legal Services/Advocacy:** Reduce the number of children in custody too long and improve access to advocacy for children in custody and their families.

Every C-PORT Report from 1994 through 1998 included a recommendation for additional attorneys for the Department of Children's Services. In 1999, the General Assembly provided funding for 36 additional attorneys for DCS. These attorneys were hired during the last half of 1999. DCS needed these additional attorneys to:

- Pursue state custody for children who are at risk of serious abuse or neglect.
- Pursue child support orders and enforcement for children in state custody.
- Provide the legal steps necessary for the exit of children from state custody.
- Pursue timely termination of parental rights when appropriate, and permanency through adoption.
- Pursue appeals for inappropriate/illegal juvenile court orders or commitments.

Efforts are also needed to improve advocacy for children in custody and their families. Many of the new attorneys hired by DCS formerly served as Guardians ad Litem or represented children or families. Their employment by DCS has created an imbalance in the system and an increased need for attorneys who serve as Guardians ad Litem and represent

children and especially families. The Court Improvement Project of the Tennessee Supreme Court has made some efforts to address this need. However, more concerted efforts are needed to ensure that fundamental due process rights for children and families are met. Additionally, there is a need for funding for additional Court Appointed Special Advocate (CASA) Programs to provide trained and supervised lay advocates.

**Permanency Through Adoption**: Increase resources to identify and support adoptive placements for children when parental rights have been terminated.

The data for custody too long made a dramatic switch from 1998 to 1999. In 1998 there were significantly more children who needed termination of parental rights (36 percent of those who had been in custody too long), and by 1999 there were significantly more children who had been through termination of parental rights, and now needed to complete adoption (38 percent). Efforts are needed to facilitate timely placement for adoption for these children.

In 1999, the General Assembly also provided additional funding for adoption programs. These need to be fully implemented and monitored. If the resources are still insufficient, additional funding should be requested to ensure timely permanency through adoptive placement.

Special attention should be paid to recruitment and support of foster parents who might also become adoptive parents. Foster parents are often the best source of adoptive placement, especially for older children. Additional foster homes are also needed so they will not have too many children to provide stability and to increase the prospects for adoption.

**Emotional Well-being of Children:** Provide appropriate services to address the child's emotional well-being.

The emotional well-being of children has steadily improved over the last five years. Children need a thorough assessment to identify issues related to their emotional well-being, followed by development of a Permanency Plan that includes the services needed to address those issues identified by the assessment. Children who were rated negative in emotional well-being most frequently were in need of treatment because of issues related to abandonment, attachment, separation and loss, or sexual or physical abuse. The issue here is not whether or not the child is responding to services, but whether or not the system recognizes the degree to which the child has emotional and mental health needs and is providing appropriate services to meet those needs.

Other issues related to emotional well-being reflect characteristics of children who enter custody, such as from homes experiencing domestic violence, little or no relationship with fathers, parents with substance abuse issues, and homes below poverty level. The services needed to address the child's emotional well-being and to promote a desired outcome and timely exit from custody need to be provided in a timely manner at the appropriate level of intensity. Collaboration between the department and Managed

Care/Behavioral Health Organizations will help to provide the best outcomes for children. Delays in providing services, lack of providers within the networks, a misunderstanding of what services were approved, etc., hampered efforts to meet the emotional and mental health needs of some children in custody. In addition, there was evidence to suggest a lack of DCS requests for services from TennCare/TennCare Partners/MCOs/BHOs because of the assumption of disapproval.

Adequate training in EPSDT and TennCare is needed to improve these issues.

**Placement Resources**: Additional placement resources are needed to reduce time in detention/emergency shelter/diagnostic shelter.

For children who cannot remain in their home or function in a family environment, a sufficient array of residential placements are needed to meet the needs in the least restrictive environment possible and in a timely manner. Children are remaining too long in temporary placements and experiencing multiple moves before securing the most appropriate level of care. Children in temporary shelters or detention do not always receive education or counseling services appropriate for their needs. They essentially experience what may be called "dead time" while awaiting placement, and must start over working through levels with each change of placement.

Sex offender programs and alcohol and drug programs need to be increased to provide timely and appropriate services for children who need treatment to deal with these issues. Since the resources in these two areas are insufficient across the state, children are often awaiting appropriate placement or are placed far from home. This situation provides barriers to family visitation, family therapy, or family involvement. Maintaining children as close to home as possible increases the chances for successful reunification.

The Department of Children's Services also needs to continue to recruit foster families and to identify and assist relative caregivers. Increased services are needed for these family-type placements to ensure an adequate permanent placement for the child.

**Evaluation:** Continue service delivery outcome evaluation.

The Children's Program Outcome Review Team evaluation process provides a mechanism for system improvement by measuring the effectiveness of the service delivery system, its successes and failures. It is even more valuable as the system undergoes change. With the implementation of the new DCS model a new baseline was established in 1998. From 1994 to1997 the evaluation results showed continued improvement in system functions. In 1998 the performance indicators declined, in some areas dramatically. The 1999 data indicates a path of progress in most areas. Maximum benefit from the evaluation process is dependent upon key stakeholders understanding the process and how the results can be used for system improvement. The challenges for the system are great and complex. The information that is provided by the C-PORT evaluation assists key stakeholders in making important decisions regarding programs and services that best serve children and families.

Participation of DCS staff as external reviewers needs to be encouraged to facilitate an understanding of and focus on an outcome-oriented system that optimally serves the needs of the children and families involved.

In addition, the data developed by C-PORT is a useful resource for DCS to support their needs, and to refute any inaccurate charges that may be made against them.

The C-PORT process has systematically documented the status of children and the performance of the service delivery system as it continues to evolve in Tennessee. It is an important vehicle for both documenting and stimulating positive system change. The process serves as both a road map and a compass. It shows us where we are and points us in the direction we need to go for continuous improvement in the delivery of services to children and families.

# APPENDIX A

## Definition of Terms

**Abandoned/abandonment:** To give up a child completely to the state, or to desert the child either before or after custody. Examples: child is left with relative or friend, child comes into custody, whereabouts of parents are unknown; child removed from parent's home due to neglect or abuse, parent then moves to another state and never calls, writes, or visits child again; parent diminishes contact with child overtime to the extent that child eventually never hears from parent.

**Abuse:** As the term relates to juvenile court – "abuse" exists when a person under the age of eighteen is suffering from, has sustained, or may be in immediate danger of suffering from or sustaining a wound, injury, disability or physical or mental condition caused by brutality, neglect or other actions or inactions of a parent, relative, guardian or caretaker. [TCA 37-1-102(b)(1)]

**Adjudication:** The court's process to determine the validity of the allegations made in a petition or complaint.

**Adoption and Safe Families Act (ASFA) of 1997:** Federal legislation requiring reduction in the timeline for Permanency Planning hearings from 18 to 12 months with related guidelines on reasonable efforts to ensure reunification with family or relatives or termination of parental rights.

**Assessment:** A global term for observing, gathering, recording, and interpreting information, to answer questions and make decisions. An adequate assessment should generally include a complete collection of pertinent information pertaining to the child and family that would enable the case manager to create an appropriate long term view for services and design an adequate permanency plan.

**Behavior:** As defined by the Child and Adolescent Functional Assessment Scale - Daily behavior toward self and/or others is appropriate, acceptable and understandable taking into account developmental level including patterns of interpersonal interactions.

**Child:** A person under eighteen years of age. In no event shall a person eighteen years of age or older be committed to or remain in the custody of the department of children's services by virtue of being adjudicated dependent and neglected, unruly or in need of services, unless in custody prior to the age of 18 and determined to remain in the care of the department in order to complete high school or other educational training or for the purpose of receiving other services. The department of children's services may review the status of any person who has reached the age of 19 who is in the legal custody of the department and whose last commitment is based on an adjudication of delinquency to determine if the person should

remain in the care of the department in order to complete high school or other educational training or to receive other services. [TCA 37-1-102(b)(4)]

**Confidence level:** The probability of obtaining a given result.

**Congregate living facility:** Applies to residential congregate living facilities with more than 8 beds.

**Custody:** The control of actual physical care of the child and includes the right and responsibility to provide for the physical, mental, moral and emotional well-being of the child. Custody under the juvenile court relates to those rights and responsibilities as exercised either by the parents or by a person or organization granted custody by a court of competent jurisdiction. [TCA 37-1-102(b)(8)]

**Custody too long:** Based on the totality of circumstances, a universal strategic way of concluding permanency should already have been achieved for the child.

**Data:** Pieces of information that can be analyzed and used to bring understanding about an event or activity presented numerically.

**Delinquent act:** An act designated a crime under the law, including local ordinances of this state, or of another state if the act occurred in that state, or under federal law, and the crime is not a status offense, and the crime is not a traffic offense as defined in the traffic code of the state other than failing to stop when involved in an accident, driving while under the influence of an intoxicant or drug, vehicular homicide or any other traffic offense classified as a felony. [TCA 37-1-102(b)(9)]

**Delinquent child:** A child who has committed a delinquent act and is in need of treatment or rehabilitation. [TCA 37-1-102(b)(10)]

**Dependent and neglect child:** A child who is without a parent, guardian or legal custodian; whose parent, guardian or person with whom the child lives, by reason of cruelty, mental incapacity, immorality or depravity is unfit to properly care for child; who is unlawfully kept out of school; whose parent, guardian or custodian neglects or refuses to provide necessary medical, surgical, institutional or hospital care for such child; who because of lack of proper supervision, is found in any place the existence of which is in violation of law; who is in such condition of want or suffering or is under such improper guardianship or control as to injure or endanger the morals or health of child. [TCA 37-1-102(b)(12)]

**Detention:** Confinement in a secure or closed type of facility which is under the direction or supervision of the court or a facility which is designated by the court or other authority as a place of confinement for juveniles. [TCA 37-1-102(b)(13)]

**Domestic violence:** Physical violence between two or more people within their home environment.

**DSM IV:** Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition - A categorical classification of Mental Disorders into types based on criteria sets with defining features. It uses a multiaxial system that refers to a different domain of information that may help the clinician plan treatment and predict outcome. There are five axes included in the DSM-IV multiaxial classification:

| | |
|---|---|
| Axis I | Clinical Disorders |
| Axis II | Personality Disorders<br>Mental Retardation |
| Axis III | General Medical Conditions |
| Axis IV | Psychosocial and Environmental Problems |
| Axis V | Global Assessment of Functioning (GAF) for reporting the clinician's judgment of the individual's overall level of functioning. |

**Early and Periodic Screening, Diagnosis and Treatment (EPSDT):** This is a federal law mandating a well-child screening for all children under the age of 21, and treatment for any problems identified. All children under TennCare should get regular screenings (checkups) from their primary care physicians in their MCOs. The EPSDT screening must include seven elements:

1. Comprehensive health and developmental history
2. Comprehensive unclothed physical exam
3. Appropriate immunizations (shots)
4. Laboratory tests
5. Health education
6. Vision screening
7. Hearing screening

Additional requirements include an annual dental checkup.

The MCO and/or the BHO must provide child with medically necessary diagnostic testing and treatment for any health, developmental, or behavioral problem found as a result of the EPSDT checkup.

**Emotional well-being:** A state of emotional stability, objectivity and friendliness indicating a lack of emotional problems (e.g., depression, withdrawal, non-compliance, acting out, sexual abuse, physical abuse, grief, separation and loss, etc.) that could disrupt the home situation and precipitate need for longer term services if those needs were left unaddressed.

**Environmental/cultural deprivation:** Lack of exposure to basic social norms.

**Family-centered:** Services that look at the needs of the whole family, not just at the child being served.

**Family Crisis Intervention Program (FCIP):** Applies to children who have been adjudicated unruly. Prior to ordering a commitment to the Department of Children's Services, the child must be referred to the family crisis intervention program. The court may commit the child to the Department of Children's Services after such juvenile-family crisis intervention program certifies to the court that there is no other less drastic measure than court intervention. [37-1-32(b)(2)]

**Family-focused:** Plans, services and evaluation processes that focus on the whole family and not just on the child.

**Guardian ad Litem (GAL):** The attorney appointed to represent the best interests of the child in court proceedings.

**Incarceration:** For the C-PORT protocol, incarceration refers to a parent who has been jailed or imprisoned pending charges or following an adjudication for an offense, and the jailing/imprisonment has had an impact on the family environment and the child's emotional and/or physical well-being. This can refer to past or present incarcerations.

**Little or no relationship with father:** Biological father or father figure has been absent from the home over time resulting in little or no involvement in child's life. Child may know who father is, but there is no real bonding or involvement or relationship established.

**Moods and emotions:** As defined by the Child and Adolescent Functional Assessment Scale –The extent to which the child's behavior exhibits age-appropriate skills, control, and expressions of feelings, and the absence of self-harmful behavior.

**Outcome:** Measurable changes that occur in the individual or organization over time.

**Population:** A group that has something in common, for example, children in custody and their families.

**Permanency Plan:** A written plan for a child placed in custody of Department of Children's Services. This document should set out requirements to achieve family reunification or other appropriate plan for permanence.

**Physical well-being:** Physiological needs as measured by sufficient food, shelter, clothing, and primary health care which, if not addressed would lead to family disruption, medical problems, or physical problems.

**Poverty level:** An individual or family with earnings that fall below the thresholds in the table below:

| Size of Family Unit | Amount |
|---|---|
| 1 | $8,240 |
| 2 | 11,060 |
| 3 | 13,880 |
| 4 | 16,700 |
| 5 | 19,520 |
| 6 | 22,340 |
| 7 | 25,164 |
| 8 | 27,980 |

**Random sample:** Selection by a process that provides each member of a group an equal chance or opportunity of being selected in a sample.

**Role performance:** As defined by the Child and Adolescent Functional Assessment Scale – The effectiveness with which the child fulfills the roles most relevant to his or her place in the community; including age-appropriate self-care, chore responsibilities, and observance of rules, school attendance, completion of homework, etc.

**Safety:** Appropriate safeguards are in place to protect the child or the community if the child presents illegal/dangerous behavior.

**Service Testing:** Assessing the quality and outcomes of systems of care performance through an organized process of inquiry, including on-site observations, peer review, and collected documents regarding individual children served and their families.

**Sibling group:** Refers to siblings of three or more; the average family in Tennessee has two children. Sibling groups tend to increase service and placement issues and needs.

**Substance abuse:** As defined by the Child and Adolescent Functional Assessment Scale - maladaptive or inappropriate substance use by youth or adults that is disruptive to normal functioning.

**Substance abuse issues:** Refers to regular or excessive use of drugs, legal or illegal, or alcohol as to be dependent upon the substance or to abuse the substance.

**Thinking:** As defined by the Child and Adolescent Functional Assessment Scale - Age appropriate expectations for rational thought and communication.

**Statistics:** Mathematical terms used for organization and analysis of quantifiable information

**Unruly child:** A child in need of treatment and rehabilitation who habitually and without justification is truant from school while subject to compulsory school attendance; habitually is disobedient of the reasonable and lawful commands of the child's parent(s), guardian or

other legal custodian to the degree that such child's health and safety are endangered; commits an offense which is applicable only to a child; or is away from the home, residence or any other residential placement of the child's parent(s), guardian or other legal custodian without their consent. [TCA 37-1-102 (b)(23)(A)]

# APPENDIX B

## Preliminary System Observations

**Hamilton County, 3/12/99**

**Southeast, 4/5/99**

**Upper Cumberland, 4/30/99**

**Southwest, 5/21/99**

**Northwest, 6/23/99**

**Mid-Cumberland, 7/23/99**

**East Tennessee, 8/20/99**

**Shelby County, 9/10/99**

**Northeast, 10/22/99**

**Knox County, 11/5/99**

**South Central 11/30/99**

**Davidson County, 1/22/2000**

STATE OF TENNESSEE
TENNESSEE COMMISSION ON CHILDREN AND YOUTH
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Hamilton County
Preliminary System Observations
March 12, 1999

System Strengths

46 of the 47 children were appropriate for custody at the time of custody.

Efforts were made to place siblings together in all appropriate cases except 2.

Excluding children who were on runaway status, all but 3 children (93%) were in the least restrictive, most appropriate placement – 1 needed a more restrictive placement and 2 needed a treatment placement.

11 of the 15 children in foster homes (73%) were in loving, nurturing foster homes that were committed to meeting their needs, and the other 4 were in adequate foster homes.

8 children were in foster homes that were willing to adopt them.

Services, often multiple services, were provided in an effort to prevent custody for 20 children (43%), including non-custodial assessments, Home TIES, homemaker, probation, intensive case management, flexible funding, etc.

Only 5 children experienced any issues/difficulties related to TennCare.

9 children (19%) had very thorough assessments, including appropriate specialized assessments and recommendations.

Placements were carrying the predominant load in making things happen for children in 23 cases (49%).

For those children not in family placements (8) and not on runaway status (6), 23 were placed within Hamilton County (70%); 2 were placed within the Southeast Region, 3 in Knox County, and 5 in state facilities.

Master Indices had accurate, critical information in all but 5 cases; missing/inadequate information included 3 with inaccurate placement/placement history, 1 with inadequate information regarding allergies, and 1 that failed to include major disabilities.

Between the time cases were pulled for review and the review was actually conducted, there was substantial increased activity in 6 cases (13%), including: 1 EPSDT screening and 1 EPSDT screening scheduled; 2 runaway children found; 1 addendum to a social history; 1 new permanency plan.

Noteworthy Accomplishments

One foster family was willing to take in a troubled teen mother in an effort to keep her and her child together.

Emerging System Performance Issues

13 children (28%) had inadequate assessments: including 6 with no or inadequate social histories; 6 who did not receive needed psychological evaluations; 2 with inadequate assessment of educational needs; 1 needed a speech assessment, 1 needed a psychiatric evaluation; 1 needed an EPSDT.

29 children (62%) had inadequate or no (4) Permanency Plans/Plans of Care; deficiencies included: failure to adequately address family needs (5); failure to adequately address child's current needs/circumstances (19); failure to address educational needs (5); 2 were generic.

26 children had both home county case managers and residential case managers, and the coordination between the two was inadequate in 11 cases (42%).

26 children (55%) have experienced 4 or more placements, ranging from 4 to 28, with an average of 10 and a median of 8 placements; a two-year old child had 6 placements. Multiple placements often resulted from disruptions due to failure to match children with appropriate level placements.

11 children (23%) had been in custody multiple times; 10 two times; 1 three times.

9 children had received Home Ties but still came into or returned to custody; 6 children received crisis intervention team services but still came into custody.

10 children ages 13+ (31%) and 1 child under age 13 spent an excessive number of days in temporary placements (detention/emergency/diagnostic shelters), with a range from 39 to 173 days, and an average of 93 days, some of them moved from temporary placement to temporary placement.

TennCare/TennCare Partner Issues:

- DCS repeatedly received bills that the MCO should have paid, but did not because of confusion regarding the responsible MCO following a change in MCOs, and following repeated efforts to correct the issue, it is still unresolved.
- In the case of a newborn, there was confusion transitioning from a temporary number to her Social Security Number because the case was opened with both the child and mother's name on that number. The child was also inappropriately reassigned to a new primary care provider.
- A child has to travel to Nashville to receive specialty dental services because of the lack of an adequate network provider in Chattanooga, and another had to travel 70 miles for other specialty dental services.
- The MCO refused to pay for prescription medication for one child.

Other Critical Issues

- 34 children (72%) had little or no relationship with their fathers; 8 children had little or no relationship with their mothers.
- 26 children (55%) have parents who are or have been incarcerated.
- 23 children (49%) had parent(s) with substance abuse issues, 10 of them both parents, 11 parents were using crack/cocaine and 6 of the parents were involved in dealing drugs.
- 32 children (68%) were born to biological parents who were not married.
- 23 children (49%) were from homes/families living below the poverty level.
- 15 children (32%) had experienced psychiatric hospitalization, 12 of those age 13+ (38%) with 6 having two hospitalizations and 6 having three.
- 13 of the children who are ages 13+ (41%) had substance abuse issues.
- 10 children (21%) were allegedly physically abused.
- 10 children (21%) were allegedly sexually abused.
- 10 children (21%) were environmentally/culturally deprived.
- 10 children (21%) had experienced domestic violence.
- 8 children (17%) are or have been diagnosed SED.
- 6 of the children who are ages 13+ (19%) allegedly are or have been involved in gang activity.
- 5 children who are age 13+ (16%) are or have been pregnant or are parents, 2 with two children.
- 18 children (38%) were from sibling groups of more than 3 children, larger than the average family in Tennessee.
- At the time of custody, 6 children (13%) were in the custody of or living with grandparents.

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Southeast Tennessee Region
Preliminary System Observations
April 5, 1999

Service System Strengths

All children were in the least restrictive most appropriate placement, but 1 child needed a different placement at the same level.

In all but 1 case efforts were made to place siblings together when appropriate.

All but 2 children (96%) were appropriate for custody at the time of custody.

Foster homes provided exceptional care for 15 of the 25 children (60%), they were providing stable placements and making substantial efforts to ensure that children received needed services; 9 additional foster homes were adequate; 1 child was in a foster home that did not understand the child's needs. Foster parents were interested in adopting 10 of the 25 children in foster homes (40%).

For the 36 children in out-of-home placements, 15 (42%) were placed in their home county; 8 (22%) were placed in Hamilton County or the Southeast Region; 7 (19%) were in specialized RRMG placements; 5 (14%) were placed in Middle Tennessee; 1 was on runaway.

17 children (36%) had experienced only 1 placement or only 1 placement following assessment.

In 20 cases (43%), substantial intervention services were offered/provided to prevent custody, including such things as pre-custodial evaluation; alcohol and drug and/or other counseling; case management; Home TIES; intensive state or county probation; homemaker services; wraparound services; parenting education; financial assistance; alternative school; housing assistance, etc.

9 children (19%) had parent/parent figures(s) who have been or are being prosecuted for an offense against the child or a sibling reflecting stronger efforts to prosecute parents than often experienced.

In 37 cases (79%), Master Indices had accurate critical information; missing or inaccurate critical information included: 4 incorrect case manager; 3 inaccurate placement/placement history; 2 inadequate/incorrect parent information; 2 incorrect custody date; 1 no emergency contact information.

Between the time cases were selected for review and the review was actually conducted, 17 cases (36%) experienced substantial increased activity, including 2 new/updated Plans; 2 new/updated social histories; 7 called/visited/met child/family; 2 EPSDT scheduled/completed; 2 home county case managers read file and 2 other cases had exchange of information; 1 surrender papers prepared; 1 goal changed to termination of parental rights; 1 TennCare card mailed; 1 Foster Care Review Board scheduled; 1 dental appointment scheduled; 1 progress report prepared.

Noteworthy Accomplishments

Efforts by the school system and the community resulted in one child being awarded a substantial scholarship to a private school.

One pre-adoptive foster home drove a child 100 miles one way twice a month for over a year to continue outpatient counseling for sexual abuse, and then had the child placed on the foster family insurance because of difficulties receiving needed dental services through the MCO.

One foster mother is planning to adopt a child, has and will maintain an open relationship with the birth mother such that she is willing to surrender, and has gone to great lengths to obtain needed services for the child, including medical and dental.

One foster family is extremely loving and committed to a child, and engages the child in extensive community and recreational activities.

Emerging System Performance Issues

19 children (40%) had inadequate Permanency Plans/Plans of Care with deficiencies including: 13 failed to address current needs or treatment issues of children; 8 did not adequately address family needs; 8 did not adequately address appropriate goals for the child and/or family; 1 did not include timeframes for services.

21 children had new permanency plans with 7 of them inadequate; 14 were adequate because they included all service needs of the child and family, not simply reasons for custody/barriers to return home; in 9 cases, workers reported that strict adherence to the new plan guidelines resulted in leaving out needed services for children.

10 children (21%) had custody precipitated by truancy/school-related problems; in 5 cases other family problems were identified following truancy.

9 children (19%) experienced 4 or more placements; 7 children (15%) experienced lengthy stays in emergency/diagnostic and evaluation shelter.

9 children (19%) have been in custody too long; 8 experienced delay in or needed termination of parental rights; custody was avoidable for 1.

33 children had both residential and home county case managers; in 17 cases (52%) there was inadequate communication and coordination and/or resentment between the two; in 3 cases one did not know the name of the other, and in 2 cases where the communication/coordination was adequate, there was resentment.

7 children (15%) did not receive needed psychological evaluations, either because they were not requested, or the need was not recognized.

1 child was allegedly sexually abused in a foster home.

1 child is pregnant as a result of consensual sex in a group placement.

10 children (21%) received Home TIES services but still came into custody.

TennCare/TennCare Partners/EPSDT issues included the following:

- The MCO refused to pay for needed contact lenses even though they were cheaper than glasses, so the foster parents paid for them.
- 5 children had difficulty accessing dental services because of an inadequate MCO network; 1 child was over-medicated by a dentist.
- 1 child has to travel to a neighboring county for medical services because of an inadequate provider network.
- 1 child has to travel 1 hour for medical services due to concerns about the quality of closer providers.
- 1 child lost TennCare due to accrued Social Security funds, and reportedly no one has applied for TennCare since enrollment was opened to uninsured children.
- 1 child who moved to another region has had difficulty changing primary care providers and had to travel an extensive distance to receive therapy for sexual abuse.
- 1 foster family paid for braces because they could not locate an orthodontist within the MCO network in the county of residence.
- DCS has not identified providers within the MCO/BHO network to conduct needed specialized assessments.
- At the suggestion of DCS, a foster family secured orthopedic services for a broken limb from a provider who was not in the network, and is now having to make payments and not receiving assistance from DCS in paying for them.
- 1 child's foster family experienced a 4-month delay receiving a TennCare card from DCS.
- 1 child had to change primary care providers because the provider withdrew from the network.
- DCS had to use flexible funding to obtain a needed psychological because the BHO refused to pay for one, reportedly telling the worker they did not ever pay for psychological evaluations.
- MCO has refused to pay for services from the rescue squad when a child suffered a broken limb in a fall.

<u>Other Critical Issues</u>

- 32 children (68%) have a parent(s) who is or has been incarcerated.
- 32 children (68%) have parents who have/have had substance abuse issues; 12 children's parents (26%) were involved with crack/cocaine/crank/methadone/dilaudid.
- 28 children (60%) had little or no relationship with their fathers; 13 children (28%) had little or no relationship with their mothers.
- 23 children (49%) were from homes below the poverty level.
- 21 children (45%) are from sibling groups of 3 or more children.
- 15 children (32%) had a parent diagnosed with a mental illness.
- 15 children (32%) were born to parents who were not married to each other.
- 17 children (36%) experienced domestic violence in the home.
- 14 children (30%) were the third generation to experience domestic violence, sexual abuse or abandonment.
- 14 children (30%) were allegedly sexually abused; 8 of the children (17%) experienced incest.
- 13 children (28%) were allegedly physically abused.
- 10 children (21%) had a parent who was in custody as a child.
- 13 of the 21 children who are ages 13+ (62%) were reportedly sexually active.
- 11 children (23%) have experienced psychiatric hospitalization; 7 of them multiple hospitalizations with 2 of these children younger than 13.
- 10 of the 21 children who were ages 13+ (48%) have/have had substance abuse issues.
- 8 children had experienced suicidal ideation or attempts, 7 of the 21 who are now 13+ (33%).
- 4 children (9%) were substance exposed prenatally.

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Upper Cumberland Region
Preliminary System Observations
April 30, 1999

Service System Strengths

46 of the 47 children (98%) were appropriate for custody at the time of custody.

For the children who were not on runaway, all were in the least restrictive, most appropriate placement.

In all but 3 cases where it was appropriate, efforts were made to place siblings together.

There were substantial efforts to identify family placements in all appropriate cases.

19 of the 24 children in foster homes (79%) were in warm, nurturing placements that were taking the initiative to ensure that needed services were provided and/or supported child in extra activities; the other 5 children in foster homes were in adequate foster homes; 9 of these children (38%) were in foster homes that were interested in adopting them.

35 children (74%) had adequate plans of care/permanency plans; the 12 inadequate plans included: 9 failed to address current issues/strategies/services; 3 had incorrect goals; 2 had no dates/timelines; 2 failed to address family needs.

Of the 35 children who were not in family placements or on runaway, 13 were placed within their home county (37%), 12 within the region (34%), 7 within the grand region (20%), and 3 out of region (9%), but 1 of the 3 was in a neighboring county.

14 children (30%) had experienced only one placement or only one placement following assessment.

All 8 children who were identified as needing special education services were receiving services.

Master Indices had accurate, critical information in all but 6 cases (87%); inaccurate information included 2 with incorrect county; 2 with inadequate parent information; 1 with incorrect case worker; 1 with inadequate placement history; 1 with incorrect spelling of the child's name.

Between the time cases were selected for review and the review was actually conducted, 14 cases (30%) experienced substantial increased activity including such things as: 9 plans of care written/updated; 4 social histories updated; 4 visits to the child/family; 2 changes in placement; 2 returned home; 1 call for update information on the child's progress.

Noteworthy Accomplishments

One foster family went through training to become foster parents for a specific individual child; another foster family is willing to add on to their house to provide sufficient room to adopt a large sibling group.

Emerging System Performance Issues

19 children (40%) have caseworkers who do not have a thorough working knowledge of the circumstances of the case.

18 children (38%) had experienced 4 or more different placements, and 4 had more than 10 placements with the highest being 33.
16 children (34%) have experienced caseworker turnover resulting in delays in permanency, lost documentation, parents/children not knowing or not having a caseworker, and/or lack of caseworker knowledge of cases.

13 children (28%) had been in custody too long.

12 children (26%) have one or more caseworkers with less than 1 year of experience.

7 of the 28 children ages 13+ (25%) were not on grade level and had not received appropriate intervention services, or interventions were unsuccessful, resulting in their inability to pursue regular graduation; 4 younger school-age children are also not on grade level.

11 children (23%) experienced excessive stays in detention/emergency shelter/diagnostic shelter, ranging from 32 to 156 days, with the average being 70 days.

8 children (17%) had been in custody more than once; 1 of them was on the third custody; 5 other children went home for extended stays, but remained in custody and returned to out-of-home placements.

8 children whose families had received Home TIES services still came into (7) or returned to custody (1); 3 children received crisis intervention services but still came into custody.

5 children who needed psychological evaluations did not receive them (11%) either because the need was not recognized/requested, or not requested because of the difficulty getting services; 6 children (13%) received psychological evaluations/assessments that did not include DSM diagnoses.

2 children were sexually abused in a foster home by 2 other children and 1 child was sexually abused in a relative placement while in custody; 1 child sexually abused another child while in a group placement.

TennCare/TennCare Partners/EPSDT issues included the following:

- 1 child has had difficulty receiving dental services because the dentists will not accept appointments for children in this facility because of repeated cancellations of appointments, sometimes because child is restricted to the facility for misbehavior.
- 1 child who is in an RRMG placement out of region was required to travel a greater distance to medical providers within the home region rather than closer providers in the placement region.
- 1 child placed in an RRMG placement out of region who needs a psychological evaluation is experiencing delays awaiting a referral from a primary care provider in the home county.
- 1 child had to drive an extensive distance to receive orthodontist services because of an inadequate provider network.
- 1 child who has been sexually victimized has experienced a delay in receiving assignment to a female primary care provider because of limitations in the network.
- 2 children have not received needed EPSDT screenings.

Critical Issues

- 27 children (57%) have parents who are or have been incarcerated; 12 (26%) of them both parents.
- 29 children (62%) had parent(s) with substance abuse issues, with 15 children's parents (32%) poly-substance abusers.
- 24 children (51%) had little or no relationship with father; 20 children (43%) had little or no relationship with mother.
- 18 children (38%) were from homes below the poverty level; 10 children (21%) were culturally/environmentally deprived.
- 16 children ages 13+ (57%) were sexually active; 2 males were parents.
- 13 children ages 13+ (46%) have/have had substance abuse issues with all but 1 of them using marijuana, and that 1 huffing gasoline, and 12 of them poly-substance abusers, many of these repeatedly.
- 18 children (38%) were allegedly physically abused.
- 19 children (40%) were allegedly sexually abused; 15 children (32%) had allegedly experienced incest; 5 additional children were from families where incest had allegedly occurred involving their siblings.
- 18 children (38%) had experienced domestic violence in the home.
- 12 children (26%) were abandoned.
- 7 children (15%) had a parent who was diagnosed with a mental illness.
- 7 children (15%) had deceased parent(s), 1 of them both parents.
- 9 children ages 13+ (32%) and 1 child under age 13 had threatened suicide or had suicidal ideations; 5 had actually attempted suicide, 4 of them multiple times.
- 9 children ages 13+ (32%) and 1 child under age 13 had experienced psychiatric hospitalization (3 children 2 times and 1 about 8 times).

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Southwest Region
Preliminary System Observations
May 21, 1999

Service System Strengths

All children were appropriate for custody at the time of custody (98%), except one.

When appropriate, efforts were made to place siblings together in all cases.

In all but 4 cases (92%), children were in the least restrictive, most appropriate placements. 1 needed a less restrictive placement; 3 children needed a different placement at the same level of restrictiveness.

23 children (48%) had experienced only one placement or only one placement following the assessment phase.

Of the 33 children who were not in family placements or on runaway, 17 children (52%) were placed in their home county, 7 children (21%) within the Southwest region, 4 children (12%) in RRMG or grand region placements, 4 children (12%) were in specialized facilities, and 1 child (3%) was placed out of region.

17 of the 21 children in foster homes (81%) were in foster homes that were really committed to them, including meeting needs, providing long term placements, meeting extra and/or special needs, and 9 (43%) were in foster homes that are interested in adopting them; the other 4 children (19%) were in adequate foster homes; 4 of the children were in foster homes that seemed to have more children than desirable under the circumstances.

11 of the 16 children (69%) who needed special education services were receiving needed services; 5 were not, sometimes with significant adverse impact on the child.

In 18 cases (38%) (7 d/n/a, 2 unruly, 9 delinquent), substantial efforts were made to prevent custody through the provision of early intervention services such as probation, intensive probation, Home TIES, substance abuse and mental health services for parents, homemaker services, crisis intervention.

Master Indices had accurate critical information in all but 12 cases (75%); the inaccurate cases included: 5 incorrect placement history; 3 incorrect adjudication, 3 wrong caseworker; 1 incorrect custody date; 1 incorrect physical/medical conditions; 1 wrong county; 1 wrong race; 1 wrong name.

Between the time cases were selected for the review and the review was actually conducted, 17 cases (35%) experienced substantial increased activity, including: 7 revised permanency plans; 5 visits/calls to families; 2 visits to foster homes; 1 new social history; 1 residential case manager assigned; 1 visit with the child; 1 visit with siblings; 1 visit with mom; 1 released from custody.

Noteworthy Accomplishments

One child had a Court Appointed Special Advocate who recognized problems in the case and facilitated receipt of needed information and the initiation of needed action.

One GAL initiated action to facilitate return of a child home and has taken a personal interest in the child.

One foster mother who is planning to adopt a sibling group is going above and beyond to provide extra activities and ensure needed services are received.

Emerging System Performance Issues

28 children (58%) have a worker with less than 12 months experience; 6 additional children (13%) have workers with less than 15 months experience.

19 children (40%) had inadequate assessments, including: 6 with incomplete or no social histories; 5 needed a psychological evaluation, but one was not requested; 4 with incomplete information; 4 did not receive EPSDT screening; 2 who needed developmental assessment; 1 needed educational assessment, 2 needed parent evaluation, 1 needed vocational assessment.

29 children (60%) had inadequate plans of care; inadequacies included: 6 had no plans of care; 22 were outdated and not reflecting current situations; 7 did not reflect current or clear goals; 5 did not address family needs; 1 had inadequate strategies to achieve the goal; 1 had inadequate timeframes.

Coordination was inadequate in 28 cases (58%), 11 involving inadequate coordination between home county and residential case managers.

Caseworkers for 14 children (29%) had an inadequate knowledge of the case and the child and family needs.

20 children (42%) had been in custody too long; 7 needed timely termination of parental rights.

12 children had experienced 4 or more placements, with the highest being 12 and the average 6.6 placements.

6 of the 27 children who are 13+ (22%) experienced excessive time in emergency/diagnostic shelter, with the average being 41 days.

9 children were from families that received Home TIES services but still came into or returned to custody.

In 12 cases (25%), 11 family or foster placements, the placement was carrying almost total responsibility for service planning and delivery with minimal support, direction or supervision from the departmental caseworker.

3 children (6%) were in custody in Tennessee for the second time; 3 other children had CPS involvement and/or were in custody in other states.

TennCare/TennCare Partners/EPSDT Issues:

- 1 child who has returned home does not have a card and the mother cannot get through to receive a new one.
- 1 foster parent did not get a TennCare card, though DCS staff thinks she did, resulting in her having to pay for medications.
- 1 child who is living out of county has been unable to get a change in primary care provider so child has to return to the county of origin to receive care.
- 1 child's therapist has never been paid for counseling services.
- 1 child experienced a delay in receiving medication when the MCO lost eligibility information in changing pharmacy providers.

Critical Issues

- 36 children (75%) had little or no relationship with their fathers; 15 children (31%) had little or no relationship with their mothers.
- 32 children (67%) had parents with substance abuse issues.
- 24 children (50%) have parents who are or have been incarcerated; 8 of them both parents.
- 23 children (48%) have parents who were never married to each other.
- 19 children (40%) were from homes living below the poverty level.
- 14 children (29%) had been abandoned.
- 13 children (27%) were allegedly sexually abused, 8 allegedly involving incest; 1 additional child was involved in an incestuous relationship with a sibling and cousin.
- 11 of the 27 children ages 13+ (41%) have/have had substance abuse issues.
- children (21%) experienced domestic violence.
- children (210%) were allegedly physically abused.
- of the children ages 13+ (37%) were reportedly sexually active.
- 8 children had Juvenile Court Commitment Orders (JCCO) for evaluation; 6 children ages 13+ (22%) have experienced psychiatric hospitalizations that were not JCCOs.
- 8 children (17%) were diagnosed as mentally retarded.
- 6 children ages 13+ (22%) have been charged with serious offenses against persons.
- 4 of the children who are 13+ (15%) were reportedly involved in gang activities.
- 6 children (13%) have a parent diagnosed with a mental illness.
- 4 children have a parent who is deceased and 6 children had experienced the death of a close loved one.
- 5 children reviewed are parents or expectant parents; 1 child under 13 has had a miscarriage.
- 16 children (33%) were from families with three or more siblings/half/step-siblings less than 18 years old.

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Northwest Region
Preliminary System Observations
June 23, 1999

Service System Strengths

All children were appropriate for custody at the time of custody.

In all appropriate cases, efforts were made to place siblings together.

All but 3 children (93%) were in the least restrictive, most appropriate placement; 2 needed a less restrictive placement and 1 needed a more restrictive placement.

Substantial efforts were made to prevent custody in 24 cases (53%), including: 10 Home TIES; 7 intensive probation; 7 counseling; 7 non-custodial assessment or pre-custodial evaluations; 7 alternative school; 7 crisis intervention; 6 state probation; 5 flexible funding/hard services; 3 parenting classes.

15 of the 21 children in foster homes (71%) were in exceptional, very loving, nurturing homes that were making extensive efforts to meet their needs; 12 children (57%) were in foster homes that expressed interest in adopting or providing permanent placements for them. The other 6 children were in adequate foster homes.

For 35 children (78%) caseworkers had thorough information about the children/families and circumstances of the cases.

33 children (73%) have at least one caseworker who has been with DCS or its predecessors for five years or more, significantly more longevity than often seen in other regions.

Of the 37 children who were not in family placements, 17 were placed within their home county (46%); 7 within the Northwest Region (19%); 7 were in RRMG placements (19%); 4 in specialized placements; 1 out of region; and 1 in an out-of-state pre-adoptive home.

20 children (44%) had experienced only one placement or only one placement following assessment.

Master Indices had accurate, critical information in all but 7 cases (84%); inaccurate critical information included: 5 current placement/placement history; 3 physical condition; 1 misleading or wrong information; 1 adjudication history.

Between the time the cases were selected for review and the review was actually conducted, 9 cases (20%) had experienced substantial increased activity, including: 3 new/updated plans of care; 3 new/updated social histories; 2 EPSDT scheduled; 2 progress notes prepared; 1 child had termination of parental rights initiated; 1 child was moved to a placement closer to family. Five (5) other children went home or were released at the end of school or when they became 18.

Noteworthy Accomplishments

Foster parents recruited adoptive parents for a child to expedite adoptive placement.

A former placement agency staff is pursuing MAPP training to become a foster parent for a child.

Emerging System Performance Issues

Plans of care were not adequate for 20 children (44%); deficiencies included: 9 failed to address the child's current needs; 7 did not adequately address family needs; 6 had inappropriate goals; 4 did not address current strategies; 4 had no plan at all; 1 plan included no services.

In 28 cases (62%), either children (19) or parents (18) or both did not have needed legal counsel.

12 children (27%) had inadequate coordination of their cases, 6 of them involving Home County Case Managers and Residential Case Managers.

11 children (24%) had been in custody too long; 5 needed termination of parental rights; 5 needed to be adopted; 1 needed to go home.

10 children (22%) have experienced 4 or more placements, with the highest number being 11 placements.

7 children received Crisis Intervention Team services but still came into custody; 10 children had received Home TIES services but still came into or returned to custody.

6 children (13%) needed psychological evaluations or psycho-educational assessments but did not receive them: 4 because DCS staff failed to recognize the need; 1 DCS staff failed to request one; 1 psycho-educational assessment denied due to cost.

3 children experienced excessive stays in diagnostic or emergency shelter, ranging from 36 to 92 days.

3 children were in foster homes that disrupted because of allegations against the foster parents; 2 were subsequently unfounded and the children returned to the foster home.

TennCare/TennCare Partners/MCO/BHO/EPSDT issues included the following:

- The BHO decertified in-home services after only 2 weeks, and the child came into custody within the next month.
- 1 child switched MCO a couple of years ago because the former MCO refused to pay providers; doctor appealed and ultimately received payment.
- The MCO was more than 90 days late in paying providers for 1 child; and the child has to travel a substantial distance to see a specialist.
- 1 child experienced a delay in receiving approval for a prescription drug for allergies, but it was finally approved.
- 1 child has been unable to receive dental and vision services because of an inadequate provider network in the county.
- Because of delays in payment, a child's pediatrician withdrew from the MCO network, resulting in the foster parent paying for pediatrician services prior to switching MCOs because of concerns about the quality of providers remaining in the network; 3 months following the switch, the foster parents still had not received a new card.
- MCO refused to pay for antibiotics for 3 children, consequently, foster parents paid for the antibiotics.
- 1 child had to change primary care provider because the provider withdrew from the MCO network.

Critical Issues

- 29 children (64%) had little or no relationship with their fathers.
- 28 children (62%) have parents who are or have been incarcerated.
- 26 children (58%) have siblings who are or have been in custody or parents currently in custody.
- 26 children (58%) had parents with substance abuse issues, 8 of them using cocaine/crack.
- 12 children (27%) have parents who have had drug or alcohol charges.
- 21 children (47%) are from sibling groups of 3 or more, larger than the typical family in Tennessee.
- 20 children (44%) were from homes below the poverty level.
- 18 children's (40%) parents were never married to each other.
- 14 of the 28 children who are ages 13+ (50%) had substance abuse issues.
- 13 children (29%) had experienced domestic violence in the home.
- 10 children (22%) had a parent diagnosed with a mental illness.
- 7 children ages 13+ (25%) and 1 younger child had experienced psychiatric hospitalization; 1 had 3 hospitalizations and 2 had 2 hospitalizations.
- 7 children ages 13+ (25%) had attempted suicide, or threatened or experienced suicidal ideations, and 2 younger children has threatened and experienced suicidal ideations.
- 7 children (16%) were allegedly physically abused.
- 5 children (11%) were allegedly sexually abused.
- 7 children ages 13+ (25%) were allegedly involved with gangs; 2 reportedly gang leaders.
- 6 children (13%) were environmentally/culturally deprived.
- 6 children (13%) had been abandoned.
- 4 children ages 13+ (14%) were sexual offenders.
- 3 children were pregnant or were parents; 4 children were the children of teen parents.

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Mid Cumberland Region
Preliminary System Observations
July 23, 1999

Service System Strengths

All but 2 children (96%) were appropriate for custody at the time of custody.

18 children (37%) had substantial services provided in an effort to prevent custody, including: 4 public service; 5 crisis intervention; 4 probation; 4 child protective services; 3 homemaker services; 3 non custodial assessment; 3 counseling; 2 alternative school; 2 family placement; 2 case management; 1 housing assistance; 1 drug screen; 2 CASA; 2 essays; 1 mentoring; 1 Home TIES.

For the 40 cases with juvenile court record reviews or interviews, in 36 cases (90%) juvenile court records were thorough and/or staff were knowledgeable about the children and their circumstances.

Efforts were made to place siblings together when appropriate in all but one case.

23 of the 27 children who were in foster homes (85%) were in exceptional foster homes that were very loving, nurturing, supportive, and focused on meeting the children's needs; 3 other children were in adequate foster homes, but 2 of them were not appropriate to meet the child's needs; 1 foster home was not included because of an interview at the contract agency; 8 children were in foster homes that are interested/willing to adopt them.

For the children who were not in family placements or on runaway: 12 children (33%) were placed within their home county; 14 children (39%) were placed within the Mid-Cumberland CSA or Davidson County; 4 children (11%) were in RRMG placements; 5 children (14%) were out of region/RRMG; 1 out of state with potential adoptive parents.

21 of the 32 dependent/neglected children (66%) had a guardian ad litem (GAL); 1 unruly child had a GAL; 6 children had a CASA volunteer.

All but 5 children (90%) were in the least restrictive, most appropriate placement; 3 needed more restrictive placements; 1 child needed a different placement at the same level of restrictiveness; 1 child was on runaway.

20 children (41%) have had only one placement or only one placement since assessment.

All but 2 children had received EPSDT screening and all recommended treatment or follow-up, or screening had been scheduled.

Between the time cases were selected for review and the review was actually conducted, 13 cases (27%) experienced substantial increased activity, including such things as: 7 new/updated plans of care; 2 updated social history; 2 EPSDT completed or scheduled; 1 began counseling; 1 had caseworkers who met them for the first time and reviewed case; 1 ICPC initiated; 1 primary care provider changed; 1 clothing allowance provided; 1 child support issues addressed; 1 assigned a Residential Case Manager; 1 progress report completed.

Noteworthy Accomplishments

Foster parents are willing to drive an extensive distance (200 miles round trip) to facilitate visitation with a child's siblings and to continue as a placement for the child after aging out of the system.

A foster home is planning to adopt a sibling group that includes a child with substantial disabilities and has made extensive modifications to meet the needs of this child.

A CASA worker made substantial efforts to prevent custody and is now advocating speedy permanency for the child.

Emerging System Performance Issues

Master Indices had inaccurate critical information in 18 cases (37%) including: 5 incorrect/missing adjudication; 2 wrong case manager; 2 inaccurate current placement; 4 incorrect placement history; 3 incorrect/unknown ethnicity; 2 blatantly incorrect family information; 2 incorrect parent/guardian; 1 incorrect social security number; 1 no physical description.

Caseloads varied significantly from case manager to case manager resulting in an appearance of inequitable distribution of cases, ranging from under 20 to high 80s. 30 children (61%) have a case manager with less than 18 months of experience with the Department of Children's Services, adversely impacting continuity of care.

Assessments were inadequate for 15 children (31%); deficiencies included: social histories - 3 none, 2 inadequate, 2 out of date; 3 needed substance abuse assessment; 2 no EPSDT; 2 needed psycho-educational assessment; 1 needed a neurological assessment; 7 children who needed a psychological evaluation did not receive one: for 3 the need was not recognized; 2 were denied by MCO/BHO; 1 had a delay in scheduling; 1 had transportation fall through three times.

Plans of Care were inadequate for 14 children (29%): 4 failed to reflect current issues; 4 failed to address the child's or family's needs for specific services; 3 failed to address the family needs; 3 did not address child's/parent's need for substance abuse services; 2 did not address educational needs; 1 did not address treatment needs; 1 did not have appropriate timelines; 1 had no plan.

Coordination was inadequate for 21 children (43%): 16 due to caseloads and/or communication issues; 5 with inadequate coordination between Home County Case Manager and Residential Case Manager, and 2 with both HCCM and RCM, but the coordination problems were not between them, but with other players.

The families of 12 children (24%) were not receiving needed services to facilitate or maintain reunification.

4 of the 9 children ages 17 and 18 (44%) who were close to aging out of the system were not receiving the services they need for independent living.

12 children (24%) have been in custody too long: 6 needed to complete adoption; 4 needed timely termination of parental rights; 1 needed to be released; other (1) had missed the window of opportunity to be adopted.

19 children (39%) had four or more placements: 5 had 6 placements; 5 from 7 to 9; 5 from 12 to 19; 1 over 45.

8 children (16%) were placed in detention/diagnostic shelter/emergency shelter for an extended period of time (over 30 days); 5 children had multiple temporary placements; 1 additional child spent over 30 days at home awaiting placement and later was placed in 3 different detention centers awaiting placement.

9 children (18%) had been in custody multiple times: 4 twice, 4 three times, and 1 four times.

1 child had experienced Home Ties services, but still came into custody; 5 children received family crisis intervention services but still came into custody.

1 child was allegedly sexually abused in a group placement; 1 child was beaten by other children in a group placement.

TennCare/TennCare Partners/EPSDT/MCO/BHO issues included the following:

- 1 child with a special medical condition had an 18 months delay in referral for a specialist, but now has been seen.
- 1 child has had a 6 months delay in receiving MCO approval for a root canal, but finally received approval.
- 1 child has problems receiving dental services due to an inadequate dental network, and services available through the Health Department are not accessible in a timely manner with the child experiencing a 3 months delay receiving service for a broken tooth.
- 1 child had a primary care provider stop participating in TennCare, resulting in a change in provider.
- The MCO/BHO denied approval for a needed psychological evaluation for 2 children.
- 1 child's dentist has stopped participating in TennCare due to problems with payments and the child is having difficulty locating another dentist.
- 1 child who needs braces for more than cosmetic reasons had been denied approval by the MCO.
- 1 child has experienced difficulties getting an appointment with an opthamologist due to an inadequate provider network.
- 1 child is in an area with no dentist, so the foster parent has to drive 200 miles round trip to receive services.
- 2 children had to wait in the office as long as 6 hours to see a primary care physician even when they had an appointment.
- 1 child has to travel 45 miles to receive orthodontist services.

Critical Issues

- 31 children (63%) have parents with substance abuse issues; 3 parents were arrested for DUI with children in the car.
- 14 of the children ages 13 and older (47%) have substance abuse issues.
- 21 children (43%) have parents who are currently or have been incarcerated; parents of 14 of these children's parents are or were incarcerated for alcohol/drug offenses.
- 28 children (57%) had little or no relationship with their father; 12 children (24%) had little or no relationship with their mother.
- 16 children (33%) had experienced a sense of abandonment.
- 19 children (39%) had experienced domestic violence.
- 15 children (31%) were from homes/families living below the poverty level. 9 children (18%) had experienced environmental deprivation.
- 14 of the children ages 13 plus (47%) had a history of runaway behavior.
- 13 children (27%) were allegedly sexually abused, 6 of them males; 3 alleged perpetrators were being prosecuted; 8 of the children (16%) had experienced incest; 11 children (22%) were allegedly physically abused.
- 10 children ages 13 and older (33%) were allegedly involved in gang activity.
- 10 children (20%) have parents who have been diagnosed with mental illness.
- 8 children (16%) had experienced psychiatric hospitalization, 6 of them ages 13 and older (20%) and 2 under age 13; 4 had multiple hospitalization, 2 twice and 2 three times.
- 8 children (16%) had parents who had been in custody as children.
- 6 children (12%) had experienced suicidal ideation/gestures or attempts, 5 ages 13 and older (17%), 1 under age 13.
- 3 children had previously been adopted.

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East Tennessee Region
Preliminary System Observations
August 20, 1999

Service System Strengths

All but 3 children (94%) were appropriate for custody at the time of custody.

All but 1 child who was not on runaway were in the least restrictive most appropriate placements; that one child needed to be in a less restrictive placement.

All but 1 child had received an EPSDT screening.

When appropriate, siblings were placed together in all but one case.

Plans of Care were adequate in 38 cases (78%); issues in inadequate plans included: did not address child's needs (5); outdated/did not address current needs (4); did not address family needs (3); did not have a current/appropriate goal (3).

20 of the 21 children in foster homes (95%) were in very nurturing and supportive placements, making extensive efforts to meet the child's needs, and providing substantial individualized activities; the other foster home was adequate; 15 of the children in foster homes were in homes that were interested in adopting them (71%).

Positive results were reported for all 14 children who were in group placements, including all 3 children in YDCs.

The continuum contractors were providing exceptional services including extensive work with families, and school if appropriate, to facilitate reunification for all 8 children in continuums.

Services were provided in an attempt to prevent custody for 21 children (43%), including: probation (13); Home TIES or intensive family preservation (10); non-custodial assessment (5); counseling (5); Crisis Intervention Team (5); day treatment (3); outpatient alcohol and drug services (3); alternative school (1); parenting classes (1); homemaker services (1).

16 children (33%) had experienced only one placement or only one placement following assessment.

Of the 35 children who were in foster or group placements, 11 (31%) were placed in their home county, 15 (43%) were placed within the region, 8 (23%) were placed in RRMG placements; and 1 in a specialized state placement.

Master Indices had accurate critical information in 39 cases (80%); inadequate issues included: wrong caseworker (5); incorrect placement/placement history (3); wrong adjudication (2); no Social Security Number (1); incorrect parent information (1).

Between the time cases were selected for review and the review was actually conducted, there was substantial increased activity in 3 cases, including 2 new plans of care and 1 foster care review board scheduled.

Noteworthy Accomplishments

Anderson County Juvenile Court had exceptional records on children in custody, and had recently hired a staff person to track their children in custody.

One foster family plans to adopt a large sibling group, after previously adopting a significant number of foster children who are now grown. Another foster family continues to be supportive to a child who has left custody.

Emerging System Performance Issues

21 children (43%) have caseworkers who have been with DCS less than 12 months.

18 children (37%) had experienced 4 or more placements, ranging from 4 to 17, with the average being 8 and median being 7.

Truancy or other school behavior problems were factors in custody for 17 children (35%).

Assessments were inadequate in 13 cases (27%); inadequacies included: no/outdated/wrong/incomplete social history (8); psychological evaluation needed but not requested (6); inadequate family assessment (1).

11 children (22%) had been in custody too long: 4 needed termination of parental rights; 3 needed to be adopted; 1 needed to be released; 2 needed to go home; 1 had missed the window of opportunity.

10 children (20%) had workers/supervisors with excessive caseloads due to vacancies; 3 additional children had workers with excessive caseloads, not the result of vacancies.

10 children (20%) received Home TIES or other intensive family preservation services but still came into or returned to custody; 5 children (10%) received Crisis Intervention Services but still came into custody.

5 children had experienced excessive stays (more than 30 days) in detention/diagnostic shelter/emergency shelter, ranging from 40 to 140 days, with an average of 80.8 days; 1 child had 6 different placements rotating among 3 different facilities; another child had 4 different placements/facilities.

In 3 cases, the courts appeared to utilize a dependent/neglect adjudication rather than unruly primarily to avoid the Crisis Intervention Team; 1 child was adjudicated delinquent for violation of a court order, though the child had never had a delinquent charge.

2 children were sexually abused in placement; 1 child was involved in sexual misconduct in a facility resulting in the child being somewhat withdrawn; a staff person at a facility was inappropriately involved with 1 child resulting in termination of the staff.

2 children were in placements that were planning to send them home in September, when there did not appear to be any reason the child could not have been sent home in August before school started; one delay was awaiting court action.

TennCare/TennCare Partners/EPSDT/MCO/BHO issues included the following:

- 1 child has had difficulty receiving medical services due to an inadequate provider network.
- 3 children had difficulty receiving dental services due to an inadequate provider network.
- 2 children had delays in identifying a primary care provider because those in the network were not accepting new patients.
- 1 child experienced a 3-month delay in receiving an EPSDT screening due to an MCO delay in reassignment of a primary care physician when the child moved to a different county.

Other Critical Issues

- 31 children (63%) have parents with substance abuse issues.
- 28 children (57%) had little or no relationship with their fathers.
- 28 children (57%) had parents who are or have been incarcerated.
- 26 children (53%) came from homes with incomes below the poverty level.
- 20 of the 31 children ages 13+ (65%) have/have had substance abuse issues.
- 17 children (35%) had experienced environmental/cultural deprivation.
- 17 children (35%) had experienced domestic violence in the home.
- 13 children (27%) have parents who were never married to each other.
- 12 children (24%) were allegedly physically abused.
- 11 of the 31 children ages 13+ (35%) were reportedly sexually active.
- children (20%) were allegedly sexually abused, 4 involving incest.
- 6 children (12%) had IQs documented at 110 and above, with 2 in the superior range.
- 6 of the 31 children ages 13+ (19%) had experienced suicidal ideations, with 2 attempting suicide.
- 5 children had experienced psychiatric hospitalizations.
- 4 of the 31 children ages 13+ (13%) were allegedly involved in gang activity.
- 3 children were parents (2 boys and 1 girl).
- 3 children were currently diagnosed SED; 3 others were formerly diagnosed SED.
- 2 children were from adoptive homes.

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Memphis/Shelby County Region
Preliminary System Observations
September 10, 1999

Service System Strengths

All children except 1 (98%) were appropriate for custody at the time of custody.

In all cases except 1 efforts were made to place at least some siblings together when appropriate.

All children who were not on runaway were in the least restrictive, most appropriate placements; 2 children were in family placements where there was little information.

Of the 40 children who were not in family placements or on runaway, 36 children (90%) were placed in Shelby County; the other 4 children were in specialized state placements.

21 of the 23 children in foster homes (91%) were in foster homes that were extremely committed to meeting the needs of the children, meeting substantial medical needs, providing enrichment activities, bonded, loving, caring and supportive of the children, maintaining family contacts when appropriate; the other 2 were in adequate foster homes; 10 of these children (43%) were in foster homes that were interested in adopting them.

Though there were substantial differences in reported caseloads, ranging from 9 to 78, generally caseloads appeared to be relatively manageable. The overwhelming majority of case managers reported caseloads that were at reasonable levels, with only 8 reporting more than 40 cases, and 45 reporting 30 or fewer cases; the rest reported caseloads between 30 and 40.

21 children (36%) had experienced only one placement or only one placement following assessment.

Foster Care Reviews were conducted routinely for 52 cases (88%).

Most children who were not on runaway (93%) had received an EPSDT screening; 3 reportedly were screened, but there was no documentation; 2 had not been screened.

Continuum placements were the driving force for the 13 children placed therein, very knowledgeable about the children, and making substantial efforts to meet their needs; 1 child has been adversely impacted by therapeutic staff changes within the continuum.

Master Indices had accurate critical information in all but 16 cases (73%), and in those cases inaccurate or missing information included: 9 placement history; 7 incorrect case manager; 2 no Social Security Number; 1 incorrect birth date; 1 inaccurate physical condition; 1 no adjudication; 1 incorrect parent information.

Between the time cases were selected for review, and the review was actually conducted, 12 children (20%) experienced substantial increased activity, including such things as: 4 new/updated/scheduled for revised Permanency Plans; 3 new/addendum to social history; 2 quarterly reports done; 1 adoption agreement signed; 1 petition for release filed; 1 release to family; 1 new case manager assigned.

Noteworthy Accomplishments

A single foster parent is planning to adopt a sibling group with substantial behavioral issues, and provides substantial enrichment activities for the children; all these children are on the honor roll.

Preliminary System Observations

Assessments were inadequate for 16 children (27%), including: 5 with no/incomplete assessment and 14 with no/incomplete/outdated social history.

Plans of care were inadequate for 23 children (39%), with deficiencies including: 17 did not reflect current needs/services for the child; 8 did not address family needs; 5 had inappropriate goals; 2 had no signatures; 2 were vague, generic; 1 had no plan at all.

DCS was not making appropriate efforts to engage the family in activities for reunification and permanency for 17 children (29%).

Needed services were not provided for children, families, and/or foster homes in 16 cases (31%), including such things as: facilitating adoption (6) and other permanency goal (1); family evaluations (3) and other services for families (2); child's educational needs (3); kinship foster care (2).

23 children (39%) had been in custody too long as follows: 7 needed to complete adoption; 6 had missed the window of opportunity for other alternatives; 4 needed termination of parental rights; 4 needed release from custody; 2 needed to return home.

5 children were in custody for the second time and 1 for the third time; 3 children had been in the custody of the Shelby County Youth Services Bureau (YSB) one time previously, and 1 had 4 previous YSB placements.

17 children (29%) had experienced 4 or more placements, with the average being 6 and the median 5.

11 children experienced multiple/excessive temporary placements (19%), with the average number of days being 93 and the median being 85; 5 of these children experienced multiple temporary placements ranging from 2 to 6 different placements.

Coordination was inadequate for 17 children (29%), with inadequacies including: 9 HCCM lack of communication with family/child; 4 no communication among key players; 2 inadequate HCCM-RCM communication; 5 inadequate communication between HCCM and education or other service providers.

13 children (22%) had a case manager who had been with DCS for 12 months or less; 23 children (39%) had a change in case manager assigned to their case within the past 6 months, 19 of them (32%) within the past 3 months.

There was a substantial lack of legal advocacy for children and families.

2 children were in "protective custody" without a clear adjudication.

The scheduling process with the court resulted in interviews with a number of staff who were not familiar with the child/case, did not have or could not find computer or file records, and less cooperation from court staff than usual; in other cases workers or supervisors had extensive information and were very helpful, especially one staff person.

4 children had received Home TIES services, but still came into/returned to custody.

2 children were allegedly physically abused in a foster home and 1 child was allegedly sexually abused in a foster home.

TennCare/TennCare Partners/EPSDT/MCO/BHO issues included the following:

- 1 younger child had to receive services at a clinic because the assigned primary care physician will only see older children.
- 1 child was unable to receive dental services recommended by EPSDT because of the lack of a dental provider.

Critical Issues

- 38 children (64%) had little or no relationship with their fathers; for 12 children (20%) the birth father was unknown; 20 children (34%) had little or no relationship with their mothers.
- 38 children (64%) had parents with substance abuse issues; for 12 children (20%) it was both parents; for 21 children (36%), parents abused crack or cocaine.
- 37 children (63%) had parents who never married each other; 30 children (51%) were from sibling groups with multiple fathers.
- 30 children were from sibling groups of 4 of more children, larger than the typical family in Tennessee.
- 20 children (34%) came into custody primarily because of neglect; 7 children came into custody from the hospital following birth.
- 21 children (36%) were allegedly physically abused; 15 children (25%) were allegedly sexually abused, 8 children (14%) the victims of incest.
- 14 children (24%) had experienced psychiatric hospitalization, 11 of the 28 children ages 13 plus (39%).
- 11 children (19%) were on psychotropic medications.
- 11 children (19%) experienced substantial health problems.
- 11 of the 41 children ages birth to 12 (27%) and 1 child ages 13+ were substance exposed prenatally; 4 other children were suspected of being substance abused prenatally (2 ages birth to 12, 2 ages 13+) 1 diagnosed and 1 suspected fetal alcohol syndrome.
- 9 children (15%) had mothers who were involved in prostitution, all drug related; 3 of the children were being prostituted.
- 8 children (14%) had experienced domestic violence in the home.
- 8 of the 28 children ages 13+ (29%) had attempted suicide or experienced suicidal ideations.
- 5 of the 28 children ages 13+ (18%) had substance abuse issues.
- 5 children had sexual perpetration histories; 6 additional children had histories of sexually acting out.

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Northeast Tennessee Region
Preliminary System Observations
October 22, 1999

Service System Strengths

All but 2 children (96%) were appropriate for custody at the time of custody.

All but 2 children who were not on runaway (95%) were in the least restrictive, most appropriate placement; 1 needed a less restrictive placement, and 1 needed a more restrictive placement.

Efforts were made to place siblings together when appropriate in all cases.

All 14 children who needed special education services were receiving them; an additional child was assessed, but did not need special education services.

21 children (44%) received service interventions in an effort to prevent custody, including services such as probation (9); Home TIES (8); homemaker services (7); substance abuse services for parents (4); crisis intervention (3); counseling (3); educational services (2); alternative school/day treatment (2); day care (2); 9 of the 13 children adjudicated delinquent (69%) received services in an attempt to prevent custody.

20 children (42%) had experienced only one placement, or only one placement following assessment.

All but 2 children had received EPSDT screening.

18 of the 22 children in foster homes were in foster homes that were really committed to them: extremely nurturing and supportive; making substantial efforts to meet their medical and/or educational needs; sometimes taking sibling groups; sometimes becoming foster parents just to serve the reviewed child; the other 4 foster homes were adequate; 11 children were in foster homes that are interested in adopting them.

For the children who were not on runaway or in family placement: 11 (35%) were placed within the home county; 10 (32%) were placed within the CSA region; 7 (23%) were placed in RRMG specialized placements; 1 child was in a specialized state facility; 2 children were out of region with foster families that moved from the area.

Master Indices had adequate critical information in all but 5 cases (90%); inaccurate or missing information included: 1incorrect placement history; 3 incorrect physical condition; 1 no Social Security Number.

Between the time cases were selected for review and the review was actually conducted, 12 cases (25%) experienced substantial increased activity, including: 3 released from custody; 2 updated and 1 new permanency plan; 2 returned home; 2 goal changed; 1 HCCM and RCM communication established; 1 HCCM and foster parent communication reactivated.

Noteworthy Accomplishments

A DCS foster family has made exceptional efforts to meet the needs of a seriously medically fragile child and includes the child in all vacation and recreational activities; two other foster families have made major commitments to medically fragile children and see that all needed services are provided.

A foster family has made a substantial commitment to a child with serious behavioral problems that would likely have disrupted other placements.

Emerging System Performance Issues

17 children (35%) had inadequate Permanency Plans, with inadequacies including: 2 had no plan; 11 did not address the child's current needs; 6 did not address family needs; 2 did not have timelines; 1 was incomplete.

9 children (19%) had no or inadequate social histories; 13 additional social histories (27%) were minimally adequate; 3 children needed a psychological evaluation, but one was not requested.

8 children (17%) had case managers who had been on the job less than six months; 4 additional children (8%) had a case manager who had been on the job between six and 12 months; 3 children were assigned to a caseload that did not have a worker.

15 children (31%) had been in custody too long: 5 (10%) needed to be adopted; 4 (8%) needed TPR; 2 (4%) needed to be released; 1 (2%) needed to go home; 3 (6%) other.

8 of the children ages 13+ (38%) spent too much time (more than 30 days) in emergency placements awaiting placement (1 child more than 30 days 2 different times) with the average being 47 days and the median being 49.

18 children (38%) had experienced 4 or more placements, ranging from 4 to 14 with the average being 6 and the median being 6.

8 children (17%) received Home TIES services, 5 children (10%) received non-residential network services, and 3 children received crisis intervention services but still came into custody.

6 children (13%) were in custody for the second time, and 2 children (4%) for the third time.

There appeared to be little effort to provide culturally sensitive services for 3 Hispanic or biracial children.

1 child reported being physically abused in 2 previous foster homes.

TennCare/TennCare Partners/EPSDT/MCO/BHO issues included the following:

- 1 child had to go to a neighboring county to receive dental services; another child had to wait several weeks for a dental appointment; another experienced a significant delay in receiving needed dental services and did not receive services until after changing MCO.
- 1 foster parent purchased medication because the MCO refused to pay for the prescribed medication for an ear infection.
- 1 child has been denied approval for needed physical therapy, but the denial has not been appealed.
- DCS failed to follow proper procedures to get a child changed from Families First to CSLA TennCare resulting in a gap in coverage, a need to re-apply, and pending unpaid bills.
- 1 child had to change PCPs because of withdrawal from the MCO due to lack of payment, and may have to change again for the same reason.
- 1 child has no PCP because of an inadequate network in the county of placement.
- 1 medically fragile child has had difficulty receiving nehjeded medications, durable medical equipment, physical therapy and nursing services.

1 child in a state facility has not had serious dental needs met.

Critical Issues

- 32 children (67%) have parents with substance abuse issues; 15 children (31%) had parents who had DUI charges.
- 11 children ages 13+ (52%) have substance abuse issues.
- 31 children (65%) have parents who are or have been incarcerated.
- 28 children (58%) were from homes below the poverty level.
- 26 children (54%) had little or no relationship with their fathers; 9 children (19%) had little or no relationship with their mothers.
- 17 children (35%) were environmentally/culturally deprived.
- 16 children (33%) were allegedly sexually abused; 9 of these cases (56%) involved incest.
- 15 children (31%) have experienced domestic violence in the home.
- 14 children (29%) have parents who were not married to each other.
- 13 children (27%) were from sibling groups of 4 or more.
- 12 children (25%) were allegedly physically abused.
- 8 children (17%) had been diagnosed with a learning disability.
- 15 children ages 13+ (71%) were reportedly sexually active.
- 9 children (19%) have parents who were in custody as children, 2 of them both parents.
- 6 children ages 13+ (29%) had suicidal ideation (2), had attempted suicide (4); 5 children (10%) had parents who had attempted suicide.
- 5 of the 21 children ages 13+ (24%) had a history of psychiatric hospitalization, 4 multiple hospitalizations.
- 5 of the 13 children adjudicated delinquent (38%) had a sibling who was or had been in custody.
- 5 children (10%) were medically fragile with serious multiple disabilities.
- 2 children ages 13+ (10%) reportedly had been involved in gangs.

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Knox County
Preliminary System Observations
November 5, 1999

Service System Strengths

All children had received EPSDT/medical screenings; all children who needed special education services were receiving them.

All children but 1 (98%) were appropriate for custody at the time of custody.

When appropriate, efforts were made to place siblings together in all but 1 case.

All but 3 children (94%) were in the least restrictive, most appropriate level of placement; all 3 needed a less restrictive placement.

Of the 38 children who were not in family placements or out of state with foster parents who were adopting, 21 children (55%) were placed in Knox County; 9 children (24%) in the East Tennessee Region; 5 children (13%) in RRMG placements; 1 with foster parents who moved out of region; 1 in a specialized out of state placement.

17 children (36%) had experienced only 1 placement or 1 placement following assessment.

23 of the 24 children in foster homes (96%) were in foster homes that were providing exceptional, individualized services, were really committed to the children, and were going above and beyond to meet their needs; the other child was in an adequate foster home. 16 of these children (67%) were in foster homes that were interested in adopting them.

34 children (72%) had a guardian ad litem appointed, though not all of these stayed involved and provided needed ongoing advocacy.
15 children's parents (32%) had a court appointed or privately retained attorney at the time of custody or termination of parental rights; 5 of the 8 children adjudicated delinquent or unruly (63%) had a court appointed attorney.

Master Indices had accurate, critical information in all but 8 cases (83%); inaccurate or missing information included: 2 incorrect custody date; 2 with missing medical condition; 1 incorrect permanency plan; 1 incorrect placement history; 1 incorrect adjudication history; 1 with blatantly inaccurate information.

Between the time cases were selected for review and the review was actually conducted, 11 cases (23%) experienced substantial increased activity, including: 5 new/updated permanency plans; 2 services provided to mother; 1 contact with parent; 1 visit with sibling; 1 caseworker visit with child; 1 EPSDT screening completed; 1 staffing; 1 exchange of record information between workers; 1 new case manager.

Noteworthy Accomplishments

Foster parents provided a child superior support during extensive medical services. A foster mother pushed for needed services and has been instrumental in facilitating timely reunification. A foster family ensured that a child was adequately assessed and received needed behavioral health services. A foster parent provided a child with substantial extra activities designed to improve self-esteem.

A guardian ad litem for a child has been the linchpin in assuring that appropriate services are provided; a court appointed attorney has provided superior legal representation of a child.

Emerging System Performance Issues

25 children (53%) experienced changes in caseworkers due to turnover (7) and/or case reassignment (22), often because of new case managers, and often resulting in lack of knowledge of the case and continuity for the child.

14 children (30%) had inadequate assessments, with deficiencies including: 7 needed psychological evaluations (the need was not recognized); 4 had inadequate/outdated social histories; 2 had no social history; 1 had an incomplete psychological evaluation; 1

had no DSM diagnosis; 1 needed a substance abuse assessment; 1 needed current evaluation information; 1 needed a family assessment; 1 had no copies of the assessment.

15 children (32%) had inadequate permanency plans with deficiencies including: 13 did not address the current needs of the child; 3 did not address permanency; 2 had no strategies to achieve the goal; 2 did not address family needs; 1was generic and not individualized; 1 had no timelines; no plan was provided for 1 child.

Coordination was inadequate for 17 children (36%), with inadequacies including: 7 overall coordination of services for the child/family; 4 between HCCM and placement; 3 between HCCM and RCM; 3 between case manager and parent; 1 between placement and parent; 1 involving the placement unit; 1 between DCS and the juvenile court; 1 with no coordination.

There appeared to be substantial variations in caseloads, but in general many appeared to be too high (40 or more cases), often because of vacancies. All children assigned to the adoptions unit had caseworkers with caseloads that are too high due to vacancies.

20 children (43%) had experienced 4 or more placements, with the average being 8, and the median being 6.

12 children had excessive stays (30 days or more) in detention/emergency/diagnostic shelter, with the average being 103 days, and the median being over 86 days.

12 children have been in custody too long: 3 needed termination of parental rights; 3 needed to be adopted; 3 needed to go home; 1 needed to be released; 2 missed the window of opportunity to leave state custody.

9 children (19%) received Home TIES and 3 received family crisis intervention services but still came into or returned to custody.

6 children (13%) were in custody for the second time, 2 for the third time, and 1 for the fourth time.

In 3 cases there was a lack of sensitivity to cultural/racial issues that resulted in difficulties for children/families, which could cause permanency problems.

1 child was sexually abused in a foster home; 1 child was physically abused in a group placement; 3 children were sexually acting out with another child in placement; 1 child sexually abused 2 children in placement.

Staff at a mental health center recommended putting a child in custody to access more intensive services, even though the child was on TennCare prior to custody.

TennCare/TennCare Partners/MCO/BHO/EPSDT issues included the following:

- MCO denied approval for blood work to assess levels of multiple medications for 1 child.
- MCO refused payment for prescribed medications for enuresis for 1 child, but no one appealed.
- 2 children's foster mothers had difficulties/delays in receiving responses when calling the MCO.
- 1 child had delays in receiving reassignment to a PCP following the move of the foster family, so the foster family has paid for care closer to their home; 1 child is assigned to a PCP in an outlying county and has had a delay receiving reassignment.
- 1 child placed out of Knox County had to return to Knox County for PCP and dental services.

Critical Issues:

- 35 children (74%) had little or no relationship with their fathers; 11 children (23%) had little or no relationship with their mothers.
- 33 children (70%) have parents with substance abuse issues, 12 (26%) involving crack/cocaine.
- 9 children ages 13+ (47%) have substance abuse issues.
- 30 children (64%) have parents who are or were incarcerated; 15 children (32%) had parent(s) in custody as children.
- 25 children (53%) had experienced domestic violence.
- 22 children (47%) have parents who were never married to each other.
- 21 children (45%) came from homes below the poverty level; 13 children (28%) were environmentally/culturally deprived.
- 15 children (32%) had a parent diagnosed mentally ill, 12 of the 15 involving depression.
- 16 children (34%) were allegedly sexually abused, 10 children (21%) experienced incest; 14 children (30%) were physically abused.
- 10 children (21%) came into custody from placement with a relative/friend
- 4 children (9%) had a deceased parent; 2 of them both parents.
- 6 children ages 13+ (32%) had experienced psychiatric hospitalization.
- 7 children (15%), 6 of the children ages 13+ (32%), had experienced suicidal ideations, and 3 of them attempted suicide.

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South Central Region
Preliminary System Observations
November 30, 1999

Service System Strengths:

All but 4 children (92%) were appropriate for custody at the time of custody.

21 children (44%) received intervention services in an effort to avoid custody, including: 11 various community services; 7 Home TIES; 6 crisis intervention team; 4 probation; 3 JCCO; 3 substantial child protective services; 1 residential treatment pre-custody.

18 of the 20 foster homes (90%) were really committed to children, and providing loving, stable, nurturing environments; the other 2 children were in adequate foster homes; 7 children were in foster homes that were interested in adopting them.

Efforts were made to place siblings together in all appropriate cases except 1.

All children who needed special education services were receiving them.

All but 2 children had received EPSDT screening, or screening was scheduled.

All 3 children who were assigned to the Center for Adoption were receiving aggressive services to pursue adoption.

All but 3 children (94%) were in the least restrictive, most appropriate placement; 2 needed to be released, and 1 needed a different placement at the same level.

22 children (46%) had a case manager who had a thorough working knowledge of their case.

For the 34 children who were not in family placements or on runaway: 10 were placed in home county (29%); 12 were placed within the region (35%); 9 were placed in RRMG placements (26%); 3 were placed out of region/RRMG.

During current custody, 16 children (33%) had experienced only one placement or only one placement following assessment.

19 of the 26 children who needed counseling services (73%) were receiving them.

Master Indices had accurate critical information in all but 7 cases (85%); inaccuracies included: 2 incorrect placement history; 2 incorrect parent information; 1 incorrect physical condition; 1 incorrect birth date; 1 incorrect race; 2 blatantly wrong information.

Between the time cases were selected for the review and the review was actually conducted: 10 cases (21%) experienced substantial increased activity: 4 new permanency plans; 4 new/updated social histories; 2 contact/visit with foster home; 1 contact with parent; 1 TennCare information provided to foster home; 1 scheduled home study for return to parent.

Noteworthy Accomplishments:

A foster family that is planning to adopt a child is also providing supportive services for the child's mother.

A child in a residential school who was substantially behind has been able to make up credits and will be able to graduate on time and has plans for college.

Emerging System Performance Issues:

Assessments were inadequate for 23 children (48%), with inadequacies including: 15 no or inadequate social history; 10 psychological evaluations needed but not requested. Assessments needed included: 2 psycho-educational; 2 alcohol and drug; 1 special medical; 1 psycho-sexual; 1 psychiatric. Other deficiencies included: 1 inadequate medical information; 1 inadequate parent information; 1 no assessment; 1 incomplete psychological.

Permanency Plans were inadequate in 23 cases (48%), with inadequacies including: 10 did not address the child's current needs; 7 did not address family issues/needs; 4 were out of date; 4 had no plan; 1 had inappropriate timelines; 1 did not address issues that led to custody.

Coordination was inadequate in 20 cases (42%), with inadequacies including: 7 no coordination; 4 between HCCM-RCM and placement; 3 HCCM- RCM; 4 HCCM-family; 2 HCCM-placement; 1 HCCM-RCM-family; 1 DCS-court.

Caseloads appeared high in this region, but the exact situation was unclear because of vacant positions and newly hired workers; 24 children (50%) had a case manager who had been with DCS for 12 months or less; 26 children (54%) had a case manager who has been assigned to them for less than 6 months; 16 children (33%) had case managers with inadequate knowledge of their cases.

17 children (35%) had experienced four or more placements, ranging from 4 to 13, with the average being 6 placements.

14 children (29%) had families who needed services but were not receiving them; 4 involved a need for financial assistance, and 3 were probably eligible for Families First assistance, but were not referred for assistance.

11 children had been in custody too long (23%): 6 needed termination of parental rights; 2 needed to be released; 2 needed to go home; 1 needed to be adopted.

14 children were in custody for the second time or more (29%); 11 children 2 times; 2 for the 3rd time; 1 for the 4th time.

7 children (15%) had received Home TIES services, but still came into custody or returned to custody; 6 children (13%) received crisis intervention services but still came into custody.

12 children spent excessive time in detention/emergency shelter/diagnostic shelter, ranging from 36 to 178 days, with the average being 86 days, and the median being 70.

4 children were allegedly abused in placements, 3 sexually and 1 physically.

Truancy was a primary issue contributing to or resulting from custody for 7 children (15%).

TennCare/TennCare Partners/EPSDT Issues included the following:

- 4 children experienced delays in dental services due to an inadequate provider network.
- 1 child experienced a delay in receiving approval for eyeglasses, and then could not get approval for replacement or repair of the glasses when they were damaged, so DCS funds had to be used for the repairs.
- 2 children changed MCOs due to inadequate dental and medical PCP providers in the prior network.

The allocation of staff across various counties and the centralization of supervisors caused difficulties for families and foster parents in contacting case managers (requiring long distance calls in many cases), appeared to delay services, and/or resulted in lack of supportive services for families and/or foster homes.

Critical Issues:

- 29 children (60%) have little or no relationship with their fathers; 10 children (21%) have little or no relationship with their mothers.
- 28 children (58%) have parents with substance abuse issues.
- 33 children (69%) have parents who are or have been incarcerated, 11 for substance abuse offenses, 6 for offenses against children.
- 14 of the 31 children ages 13 and older (45%) have substance abuse issues; 2 children had prenatal substance exposure.
- 15 of the 31 children ages 13+ (48%) were reportedly sexually active; 4 children had been diagnosed with sexually transmitted diseases.
- 14 children (29%) had experienced domestic violence in the home.
- 15 children (31%) were allegedly sexually abused; 8 of the children were subjected to incest (17%); 4 children observed parent(s) engaged in sexual activity; 7 children were sexual offenders.
- 13 children (27%) were allegedly physically abused; 5 additional children came into custody due to abuse of a sibling.
- 16 children (33%) were from homes below the poverty level.
- 9 children (19%) had experienced abandonment.
- 6 children (12%) have a parent diagnosed with a mental illness.
- 7 children (15%) had parents who were in state custody as children.
- 7 of the 31 children ages 13+ (23%) were or had been involved in gangs; 1 child reported involvement with the KKK.
- 8 of the 31 children ages 13+ (26%) and 2 younger children had experienced psychiatric hospitalization.
- 6 of the 31 children ages 13+ (19%) have serious mental health diagnoses.
- 5 of the 31 children ages 13+ (16%) and 2 younger children had suicidal ideations; 2 children had attempted suicide.

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Metro Nashville/Davidson County Region
Preliminary System Observations
December 1999 Review, January 12, 2000 Exit Conference

Service System Strengths

All children (100%) had a guardian ad litem or an attorney; 18 of the 36 dependent/neglected children's parents had an attorney (50%).

In all but 3 cases custody appeared unavoidable at the time of custody (94%).

All but 4 children who were not on runaway (92%) were in the least restrictive, most appropriate placements; 1 needed more restrictive placement and 3 children in youth development centers needed specialized residential therapeutic placements; efforts were made to place siblings together in all appropriate cases.

Court staff was very knowledgeable or court records were very thorough in all cases except 7 (86%), with 4 cases having inadequate files and 3 cases with no file located.

26 children (53%) received substantial services/interventions in an effort to avoid custody, including: 11 probation; 6 Home TIES; 5 in-home services; 6 counseling; 5 pre-custodial evaluations; 4 family crisis intervention; 3 substance abuse services for parents; 3 public service/restitution; 2 relative placement; 2 intensive case management; 2 housing; 2 long term protective services; 2 out patient treatment; 8 other miscellaneous services.

17 children (35%) had experienced only one placement or only one placement following assessment.

15 of the 18 children (83%) in foster homes were in very loving, nurturing foster homes making substantial efforts to meet their needs; the other 3 were in adequate foster homes; 6 of the children in foster homes (33%) were in foster homes that were interested in adopting them.

The Center for Adoption was providing timely, intensive services to children and families to facilitate adoption proceedings for 5 of the 8 children referred to them; in 2 other cases they were now making efforts to rectify past failures to intervene timely.

All 10 children in continuum contracts were receiving appropriate services, including excellent treatment services and permanency planning efforts.

When applicable, the public schools in Davidson County were or had made efforts to address the needs of all but 3 children, including special education and behavior management needs.

For the 32 children who were not in family placements or on runaway, 20 children were in Davidson County (63%), 2 in surrounding counties, 3 in a specialized state facility out of region, and 7 (22%) in continuum placements a substantial distance from Davidson County.

Master Indices had accurate critical information in all but 10 cases (80%); inaccurate information included: 6 incorrect/incomplete placement history; 2 inaccurate family information; 2 incorrect date of custody; 1 inaccurate physical condition; 1 no parent information; 1 incorrect date of birth; 1 incorrect emergency contact.

Between the time cases were selected for review and the review was actually conducted, 8 cases (16%) experienced substantial increased activity, including: 1 new aftercare plan; 1 physical scheduled; 1 went home; 1 family scheduled for counseling; 1 caseworker contact with placement; 1 received psychological evaluation; 1 moved to a therapeutic placement; 1 child's RCM and a HCCM communicated for the first time; 4 additional children went home and 1 was stepped down in the normal course of case activity.

Noteworthy Accomplishments

A foster parent is providing extensive support and services for a child with substantial medical needs.

Emerging System Performance Issues

Assessments were inadequate for 21 children (43%) because: 13 needed psychological evaluations that were not requested; 6 needed updated, complete social histories; 5 needed a psycho-educational assessment; 5 needed an alcohol and drug assessment; 4 had no social histories; 2 needed a psycho-sexual assessment; 1 needed a psychiatric assessment; 1 needed a parent assessment; 1 needed consideration of current circumstances; 3 had no assessment information.

Permanency Plans were inadequate for 19 children (39%) because: 11 did not address the child's current needs; 7 did not address the families' current needs; 3 were out of date; 2 were generic; 2 had no timelines; 1 was vague; 1 did not address issues that led to custody; 1 had no permanent goal; 1 was incomplete; 2 had no plan.

Coordination was inadequate for 22 children (45%), with inadequacies between the following: 16 HCCM and family; 7 HCCM and RCM; 6 HCCM and child; 1 HCCM and placement; 1 RCM and placement; 1 HCCM and school; 2 HCCM were not coordinating with anyone.

10 children ages 13+ (31%) experienced lengthy stays (30 days or more) in detention/emergency shelter/diagnostic shelter awaiting a placement, 3 of them experiencing multiple placements; longest was 203 days, average 90 days, median 77 days; 5 of the 10 were adjudicated delinquent.

19 children (39%) have experienced 4 or more placements, with the most being 17, the average 6, and the median 4/5.

15 children (31%) had case managers who had been employed by the agency for less than 12 months.

There was significant disparity in caseloads reportedly varying from 8 to 64, with the higher caseloads contributing to difficulties in coordinating services, monitoring cases, and providing services to children and families, and also contributing to burnout.

Families were not receiving needed services in 17 cases (35%), including 7 of the 13 children adjudicated delinquent (54%).

6 children (12%) had experienced Home TIES, and 4 had family crisis intervention services, but still came into or returned to custody.

14 children had been in custody multiple times, 10 - 2 times, 3 - 3 times, and 1- 4 times.

5 children had disruptions in foster home placements with 2 mistreated, 2 sexually abused, 1 by a foster father and 1 by an adult foster brother, and 2 foster homes closed following the disruptions; 1 child is currently experiencing inappropriate sexual activity in a placement.

4 children experienced adoption disruptions.

TennCare/TennCare Partners/EPSDT Issues included:

- 1 child had difficulty accessing counseling services due to an inadequate provider network.
- 1 child is unaware that he has TennCare coverage.
- 1 child who is placed out of county experienced a 3 day delay receiving services for a broken foot, and only received services then when the mother paid for them. The child then needed an orthopedic specialist who would not see him in the county of placement without a referral from the home county, and a specialist there would not provide a referral because he could not see him.
- 1 child was prescribed and denied braces 2 years ago, and the denial was not appealed; the child has again been prescribed braces and been denied and may need oral surgery; reportedly an appeal will be filed this time.
- 1 child had difficulty locating a PCP due to an inadequate provider network, which delayed EPSDT until a provider was identified.
- A dentist required a child to return to his office 6 times in 4 weeks in order to complete cleaning of the child's teeth.
- 1 child with substantial medical needs had to have medications/medical supplies provided by CSS because TennCare would not cover them.

Critical Issues

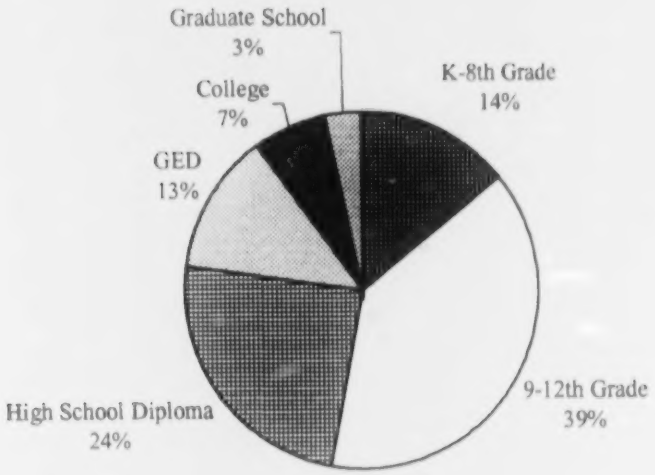
- 34 children (69%) have parents who are or have been incarcerated, 5 for offenses against the child or a sibling.
- 34 children (69%) had little or no relationship with their fathers; for 5 children, the identity of the father was unknown; 8 children (16%) had little or no relationship with their mothers.
- 34 children (64%) have parents with substance abuse issues; 14 children (29%) have both parents with substance abuse issues; for 21 of the children (43%) parents used crack/cocaine. 20 children ages 13+ (63%) have substance abuse issues.
- 27 children (55%) were from homes below the poverty level. 22 children (45%) are from families that live in high crime areas.
- 26 children (53%) have parents who have never been married to each other.
- 21 children's (43%) mothers had their first child as a teen. 3 children ages 13+ (9%) were/have been pregnant or parents.
- 20 children (41%) had experienced domestic violence.
- 11 children (22%) have parents who have been diagnosed with mental illness.
- 9 children (18%) were allegedly sexually abused; 3 involved incest; 3 children were allegedly sexual perpetrators.
- 9 children (18%) were allegedly physically abused.
- 9 children ages 13+ (28%) had experienced psychiatric hospitalization.
- 9 children (18%) had a parent in custody as a child, 2 children both parents.
- 7 children ages 13+ (22%) had weapons charges.
- 7 children ages 13+ (22%) were allegedly involved in gangs. 7 children ages 13+ (22%) were involved in dealing drugs.
- 5 children (10%) have deceased parents, 1 both parents.
- 5 children (10%) had experienced suicidal ideations, and 3 of these children had attempted suicide.
- 4 children (12%) were diagnosed with or treated for ADHD/ADD.
- 4 children had experienced severe head trauma.
- 25 children (51%) were from sibling groups of 3 or more children, larger than the typical family in Tennessee and presenting increased placement and reunification challenges.

# APPENDIX C

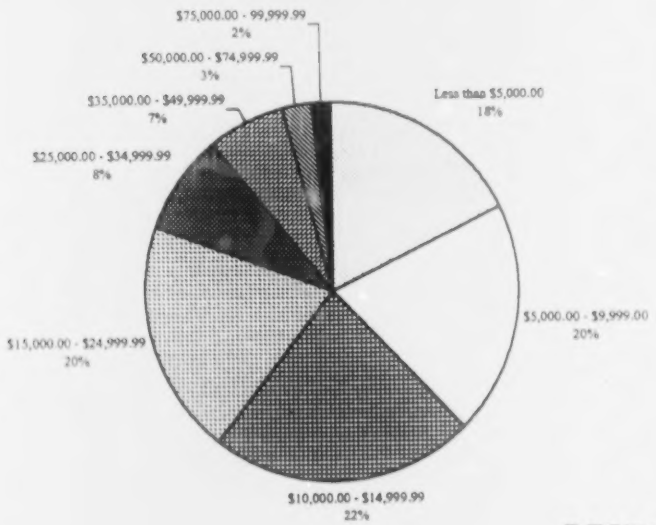
## 1999 Evaluation Results

Demographic Information – Education of Parents
Demographic Information – Household Income
Demographic Information – Child's Living Situation Prior to Court Order
Demographic Information – Who Filed the Petition?
Demographic Information – Was Parent in State Custody as a Child?
Demographic Information – If Provided Needed Services, Was State Custody Necessary?
Status of the Child/Family on Key Indicators – All Cases
Status of the Child/Family on Key Indicators – Comparison by Age
Status of the Child/Family on Key Indicators – Comparison by Race
Status of the Child/Family on Key Indicators – Comparison by Gender
Status of the Child/Family on Key Indicators – Comparison by Residence
Status of the Child/Family on Key Indicators – Comparison by Adjudication
Status of the Child/Family on Key Indicators – Negative Cases
Status of the Child/Family on Key Indicators – Comparison of Current Year vs. Previous Years
Status of the Child/Family on Key Indicators – All Cases
Adequacy of the Service System Functions – Comparison by Age
Adequacy of the Service System Functions – Comparison by Race
Adequacy of the Service System Functions – Comparison by Gender
Adequacy of the Service System Functions – Comparison by Residence
Adequacy of the Service System Functions – Comparison by Adjudication
Adequacy of the Service System Functions – Negative Cases
Adequacy of the Service System Functions – Analysis of Negative Cases – Status of the Child/Family
Adequacy of the Service System Functions – Comparison of Current Year vs. Previous Years
Status and System Performance – Comparison of Current Year Results vs. Previous Years

# Parental Educational Attainment
## 1999 Cases




# Annual Household Income of Parents
## 1999 Cases

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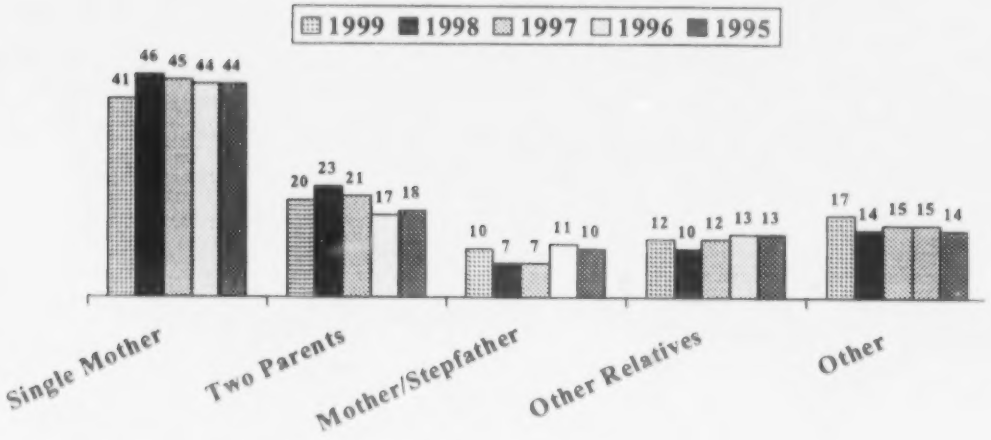
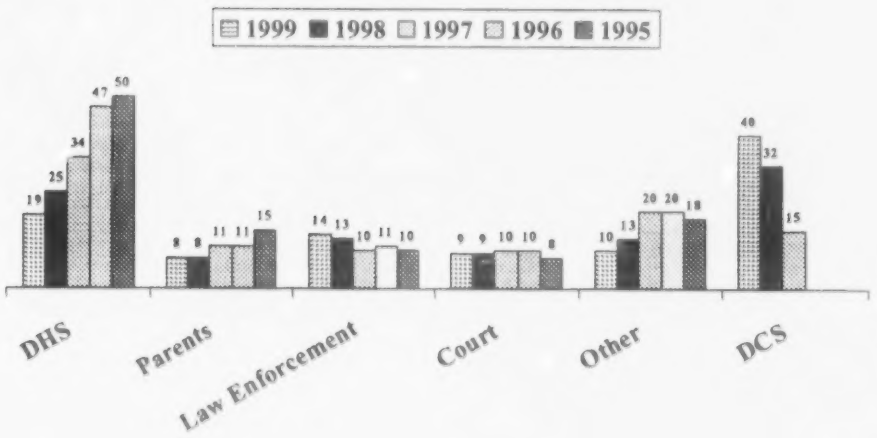
# Child's Living Situation Prior to Court Order

(In Percents)

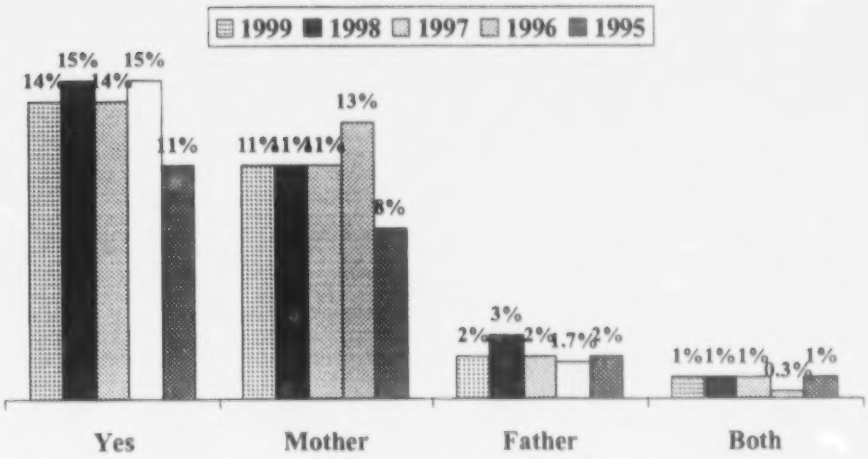



# Who Filed the Petition?

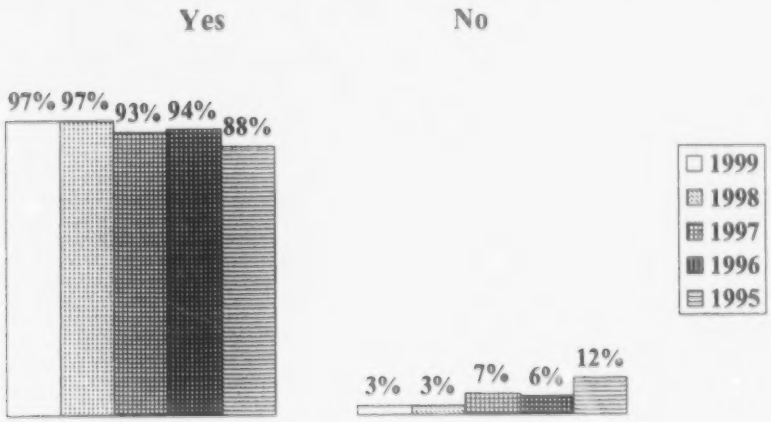
(In Percents)



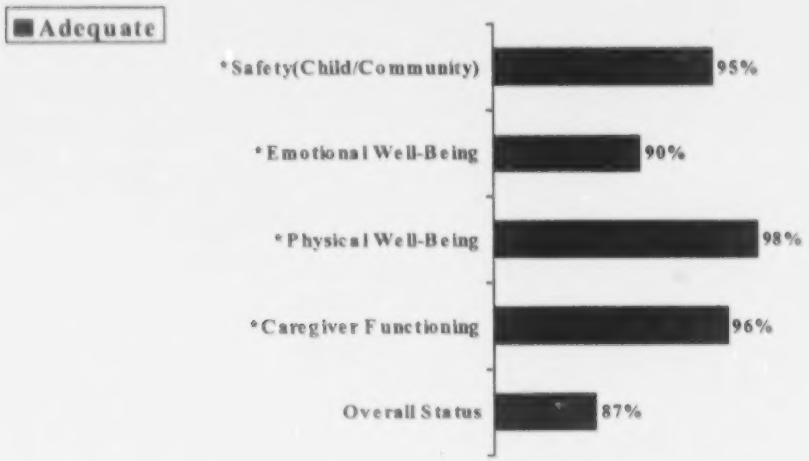
# Was the Parent in State Custody as a Child?



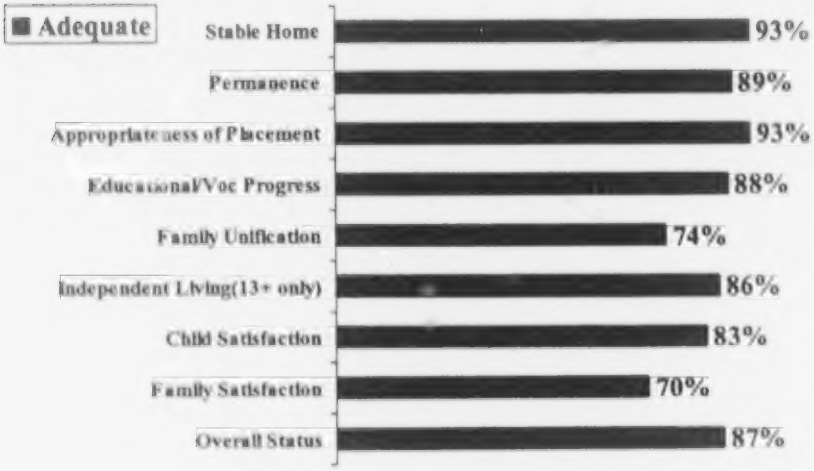

# If Provided Needed Services, Was State Custody Necessary?



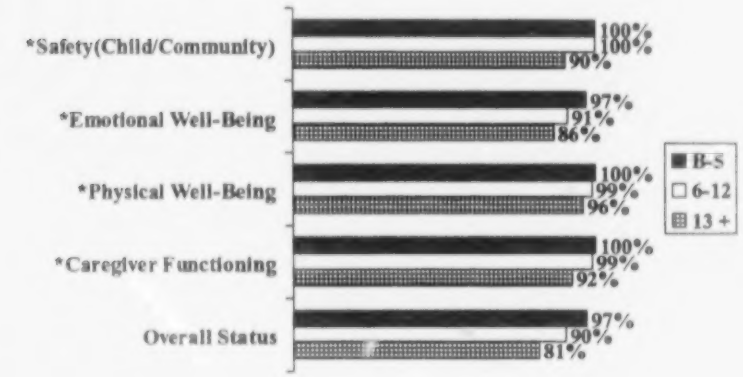
# Status of Child/Family on Key Indicators
## All Cases




# Status of Child/Family on Key Indicators
## All Cases

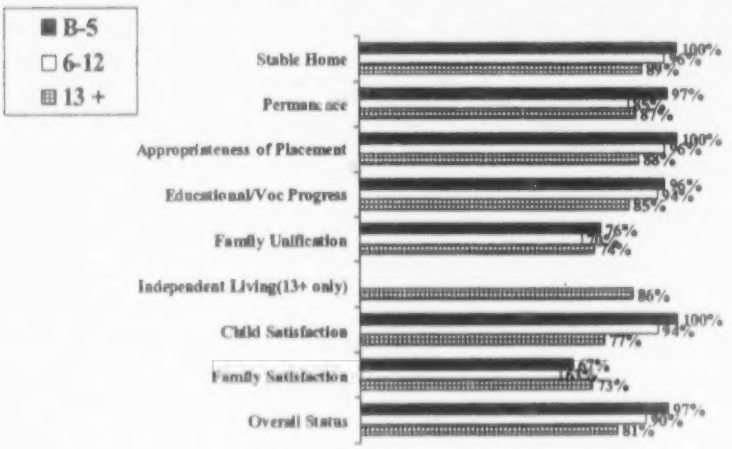


# Status of the Child/Family on Key Indicators
## Comparison By Age of the Child





# Status of the Child/Family on Key Indicators
## Comparison By Age of the Child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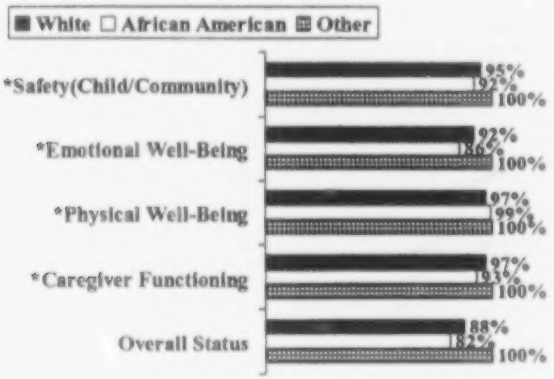
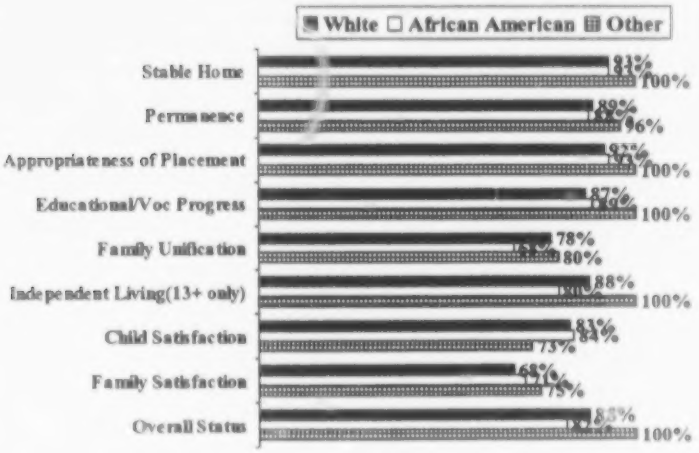
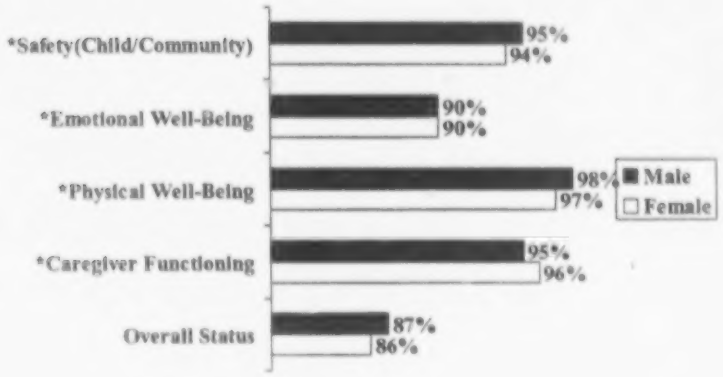
## Status of the Child/Family on Key Indicators
### Comparison By Race




## Status of the Child/Family on Key Indicators
### Comparison By Race

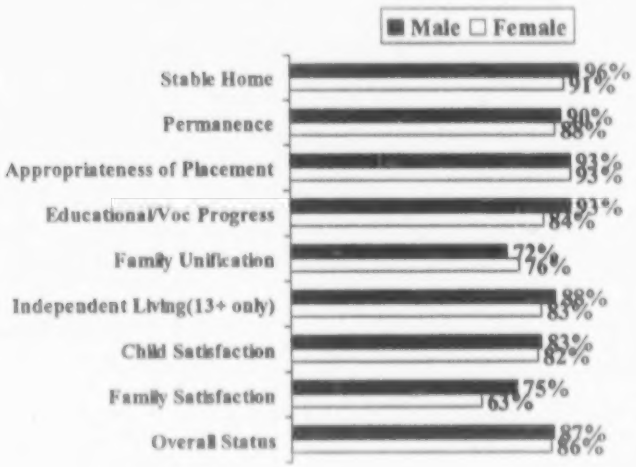


# Status of the Child/Family on Key Indicators
## Comparison By Gender

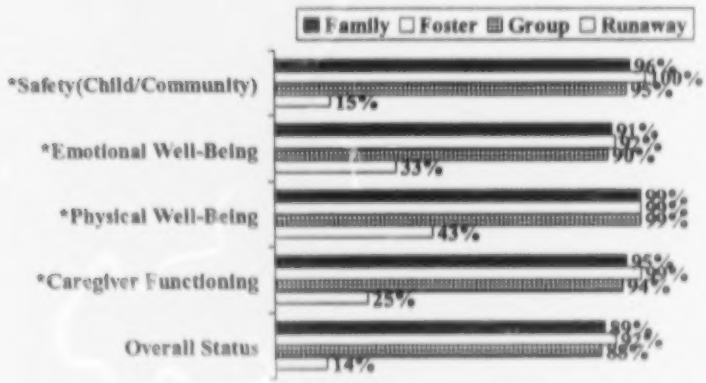




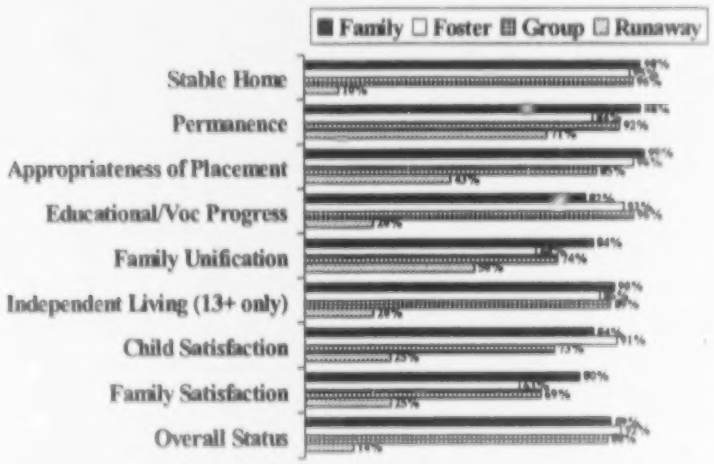
# Status of the Child/Family on Key Indicators
## Comparison By Gender

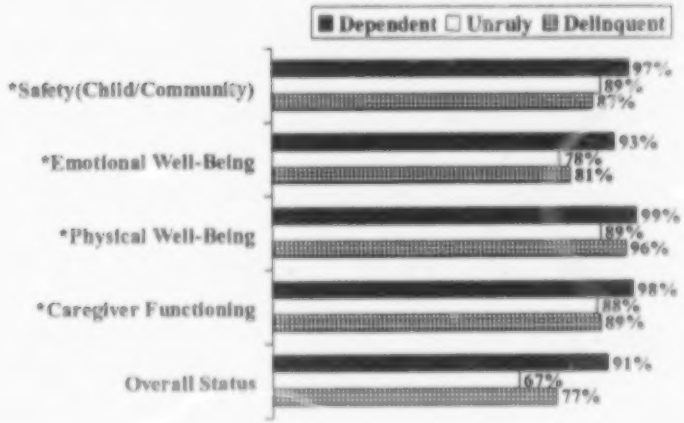
## Status of the Child/Family on Key Indicators
### Comparison By Residence



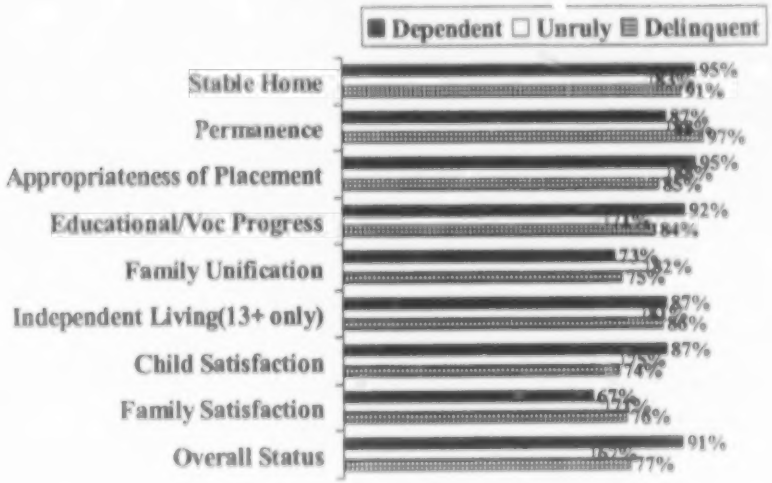

## Status of the Child/Family on Key Indicators
### Comparison By Residence



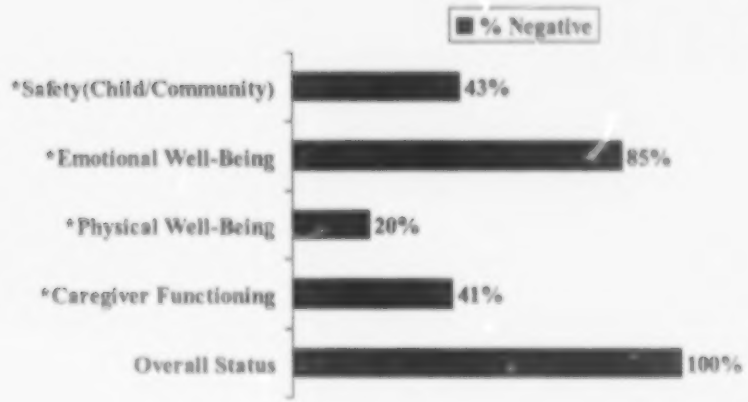
# Status of the Child/Family on Key Indicators
## Comparison By Adjudication



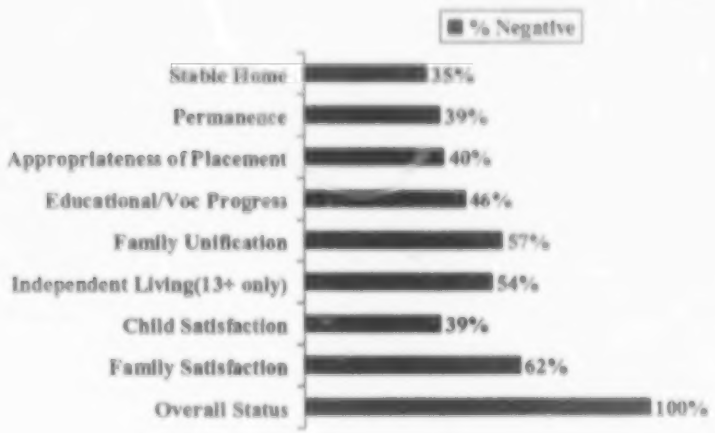

# Status of the Child/Family on Key Indicators
## Comparison By Adjudication



# Status of the Child/Family on Key Indicators
## Negative Cases

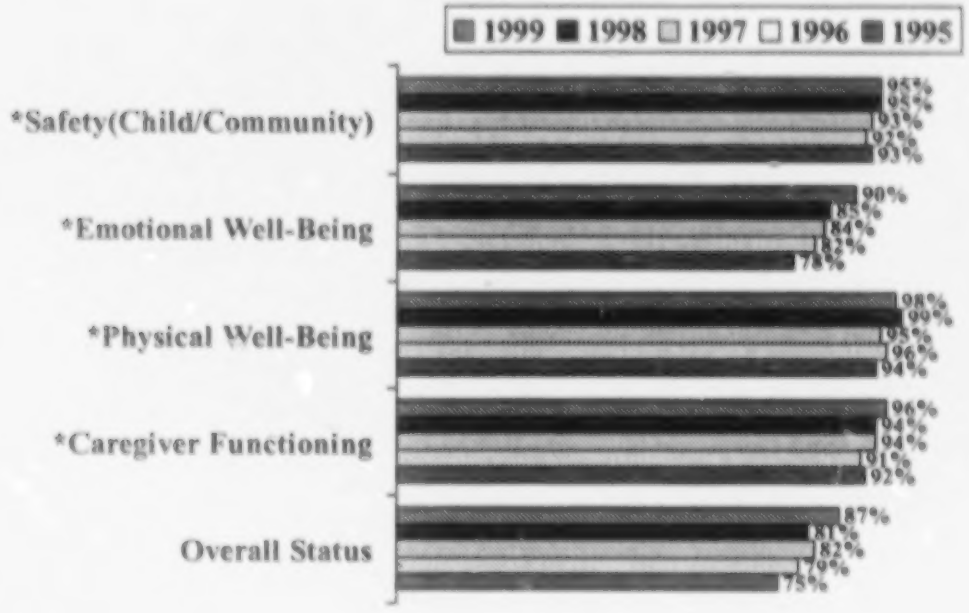



# Status of the Child/Family on Key Indicators
## Negative Cases



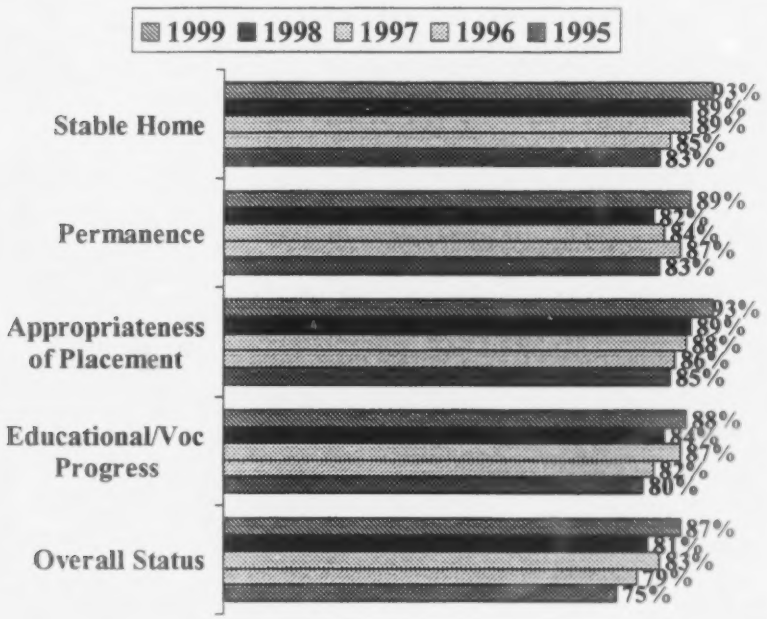
# Status of the Child/Family on Key Indicators

## Comparison of Current Year with Previous Years



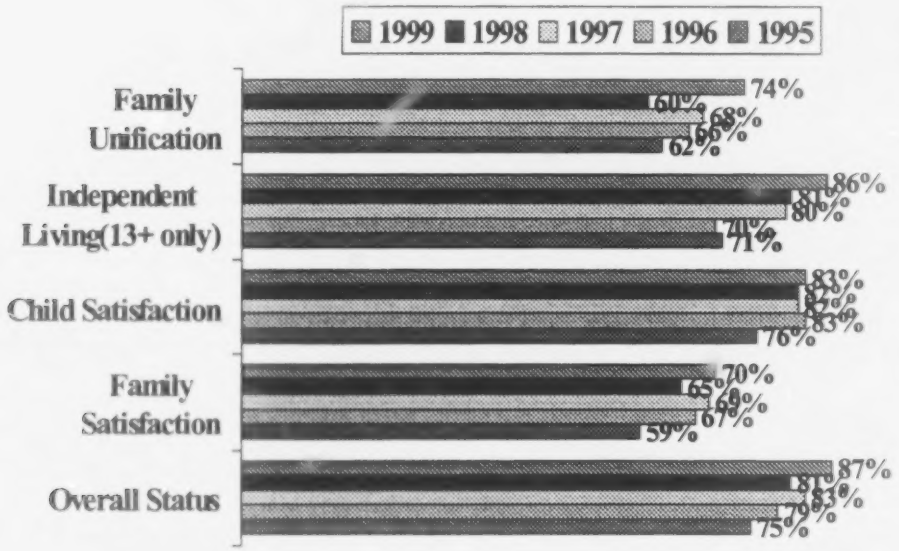
# Status of the Child/Family on Key Indicators

## Comparison of Current Year with Previous Years

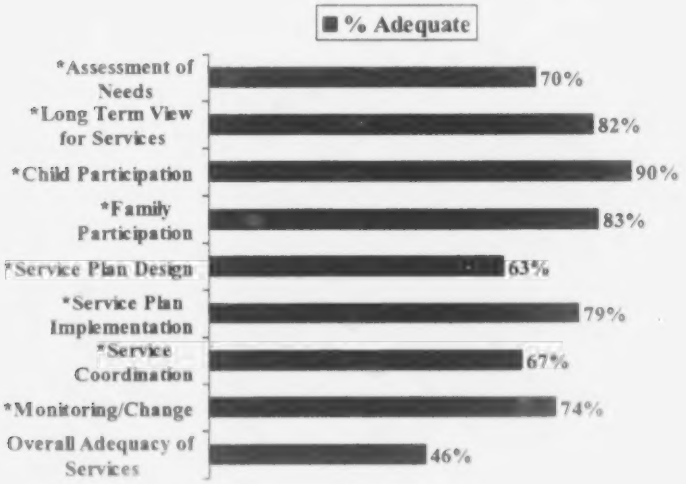


# Status of the Child/Family on Key Indicators

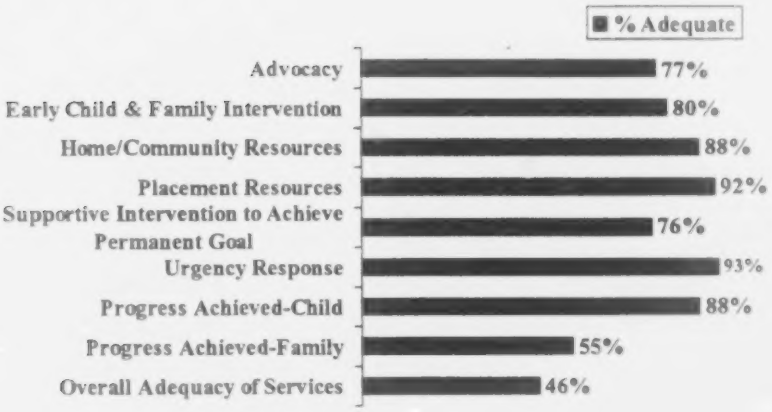
## Comparison of Current Year with Previous Years



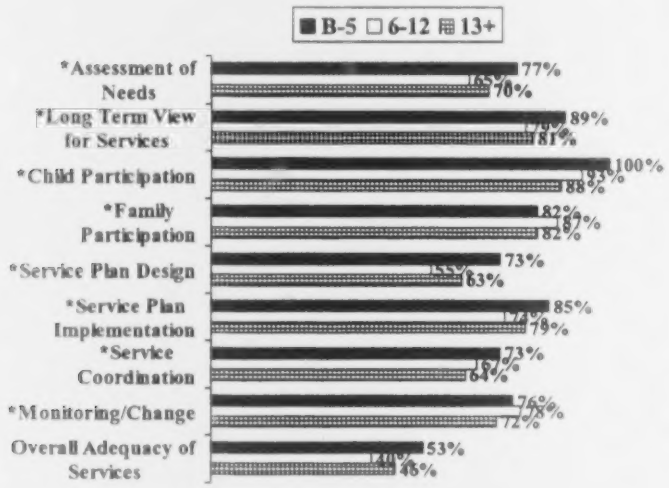
## Adequacy Service System Functions on Key Indicators
## All Cases



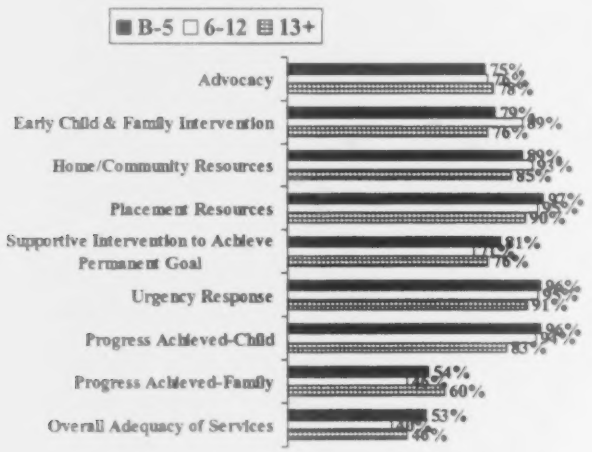

## Adequacy Service System Functions on Key Indicators
## All Cases



## Adequacy Service System Functions on Key Indicators
## Comparison By Age of the Child




## Adequacy Service System Functions on Key Indicators
## Comparison By Age of the Child

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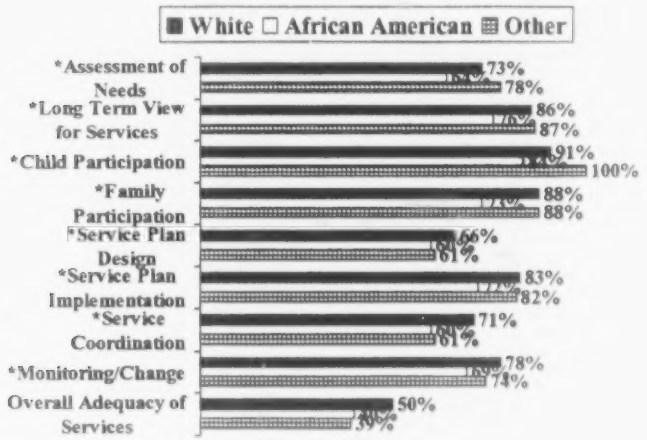
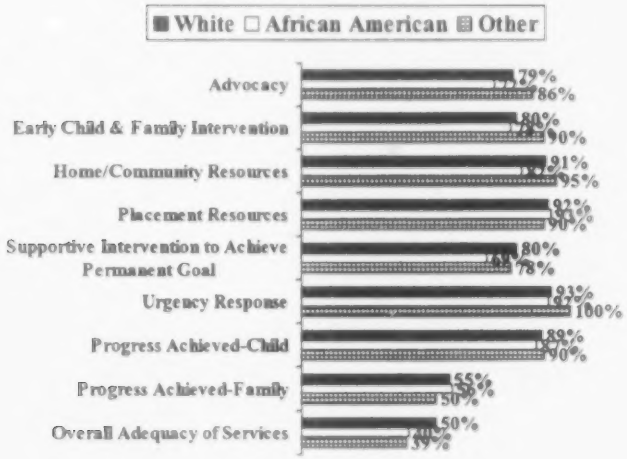
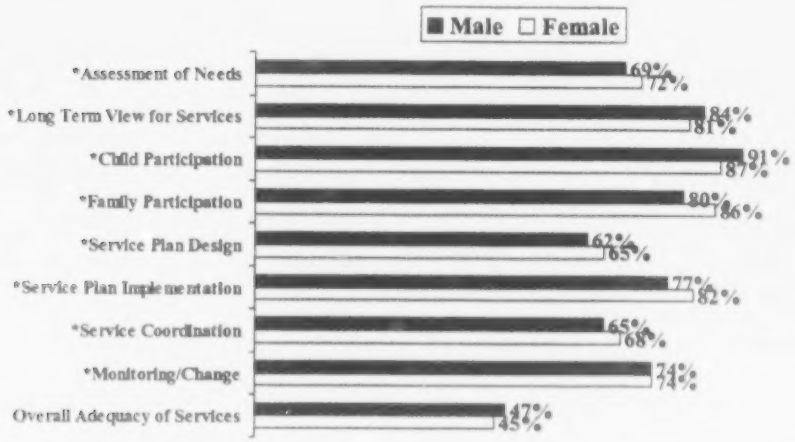
## Adequacy Service System Functions on Key Indicators
## Comparison By Race



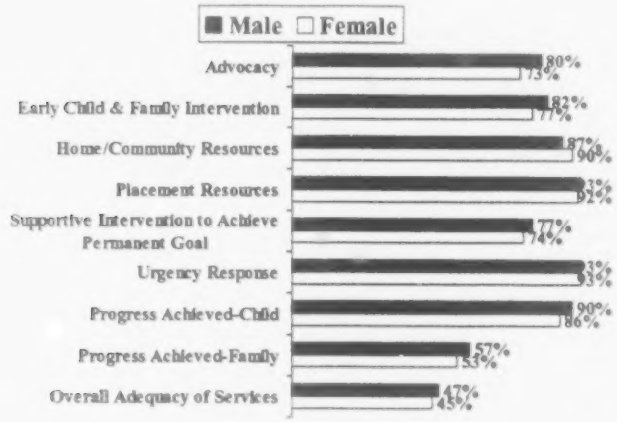

## Adequacy Service System Functions on Key Indicators
## Comparison By Race



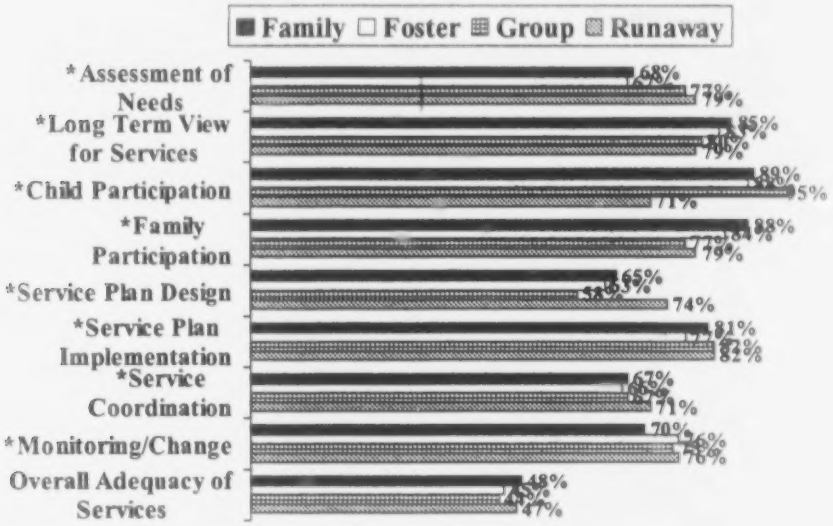
## Adequacy Service System Functions on Key Indicators
## Comparison By Gender



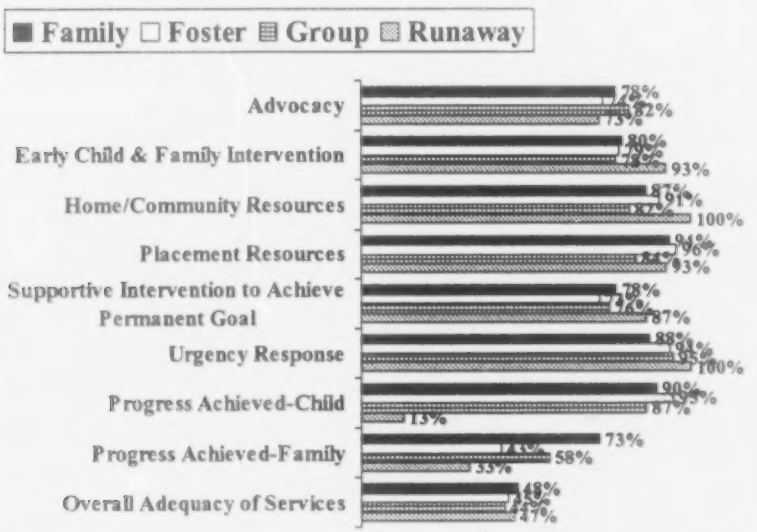

## Adequacy Service System Functions on Key Indicators
## Comparison By Gender



## Adequacy Service System Functions on Key Indicators Comparison By Residence




## Adequacy Service System Functions on Key Indicators Comparison By Residence

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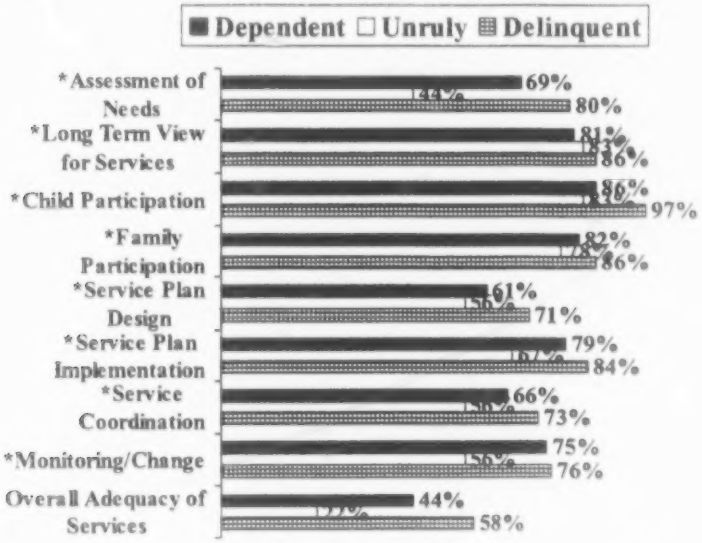
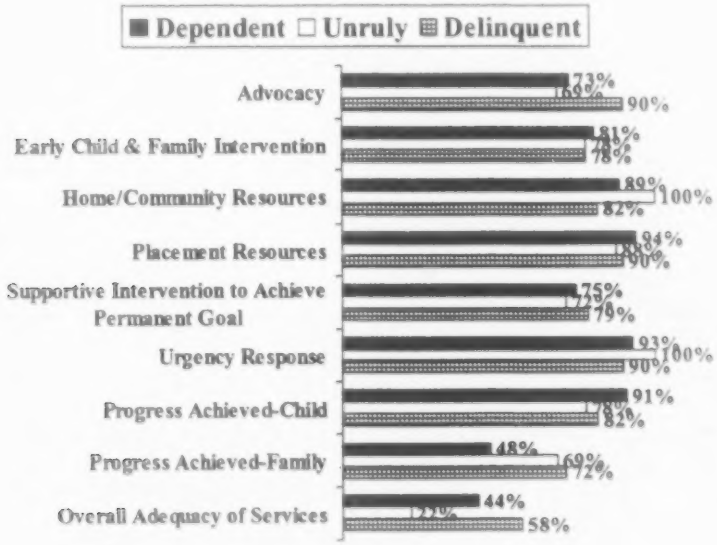
# Adequacy Service System Functions on Key Indicators
## Comparison By Adjudication





# Adequacy Service System Functions on Key Indicators
## Comparison By Adjudication





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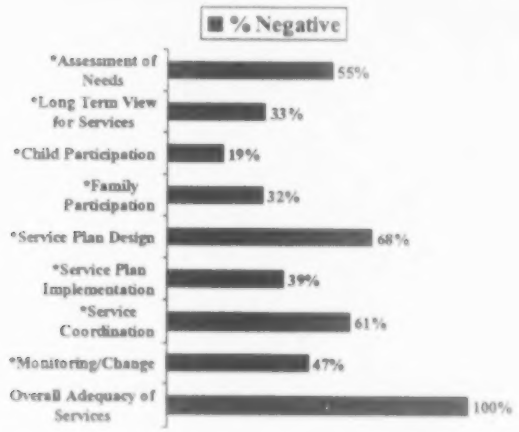
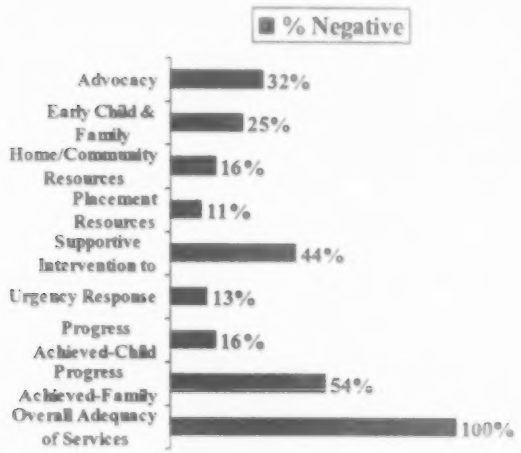
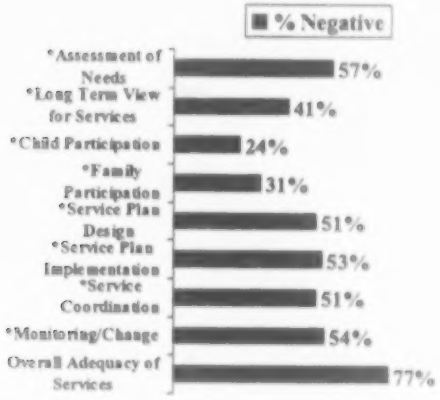
## Adequacy Service System Functions on Key Indicators Negative Cases



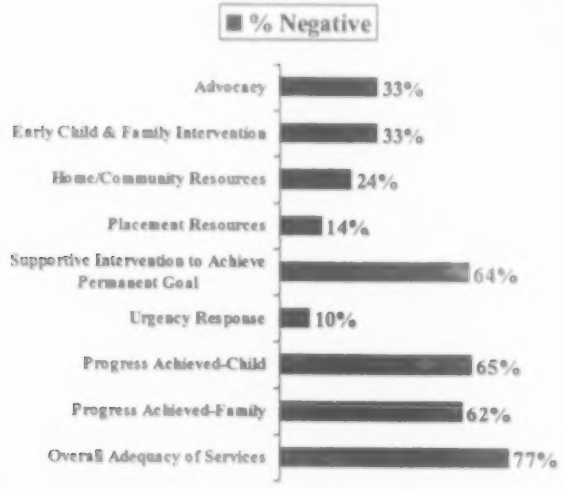

## Adequacy Service System Functions on Key Indicators Negative Cases



## Adequacy Service System Functions on Key Indicators
## Negative Cases: Status of Child & Family




## Adequacy Service System Functions on Key Indicators
## Negative Cases: Status of Child & Family

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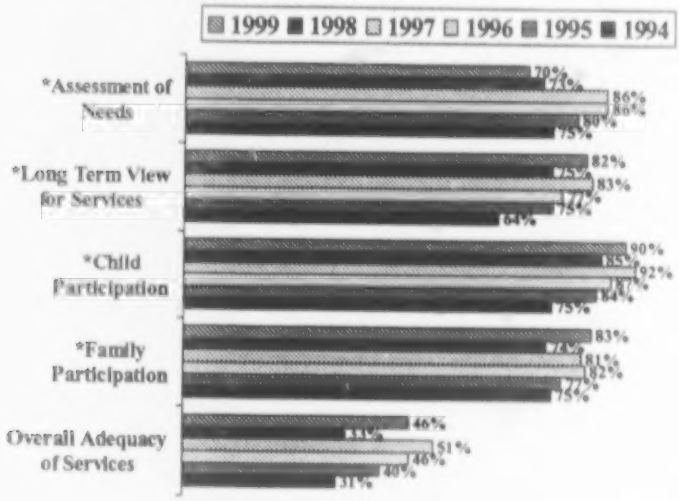
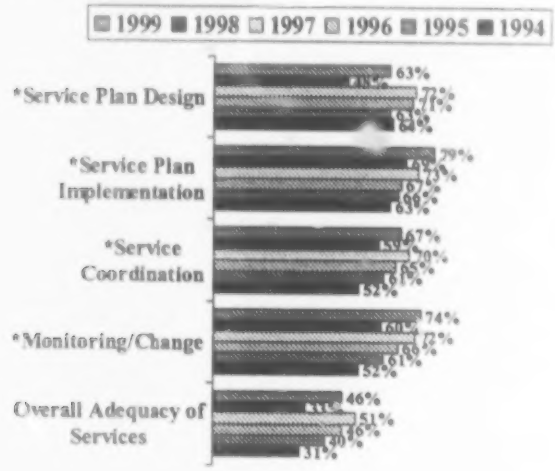
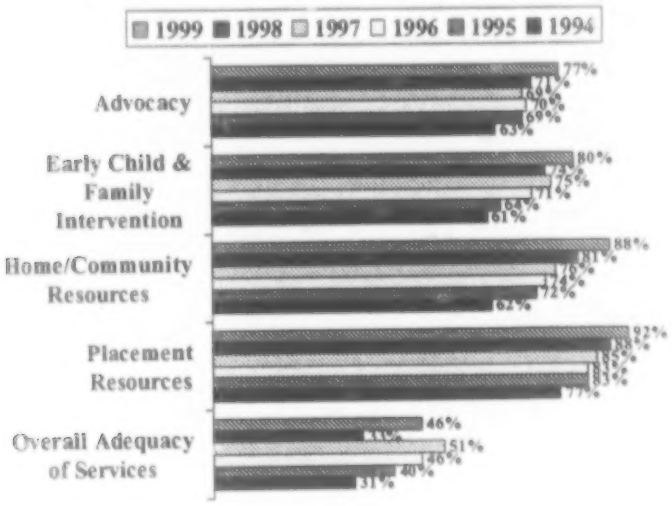
## Adequacy Service System Functions on Key Indicators
## Comparison with Previous Years



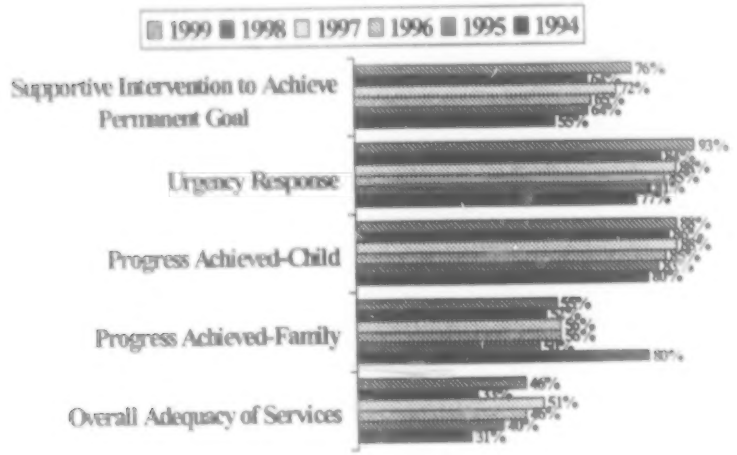

## Adequacy Service System Functions on Key Indicators
## Comparison with Previous Years



## Adequacy Service System Functions on Key Indicators
## Comparison with Previous Years



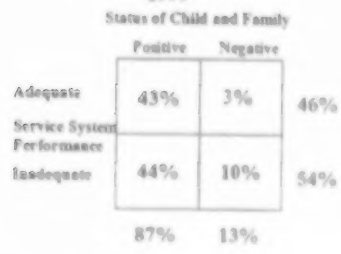

## Adequacy Service System Functions on Key Indicators
## Comparison with Previous Years



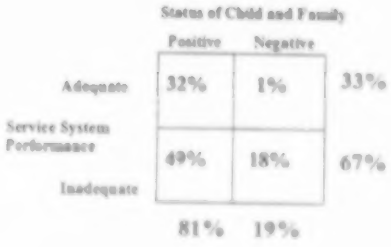
# Status and System Performance

## Comparison of Current Year vs. Previous Years Results

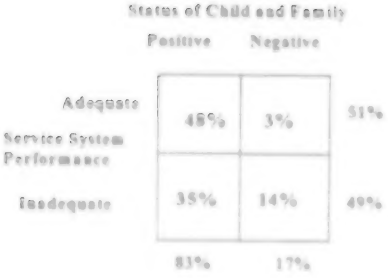
1999



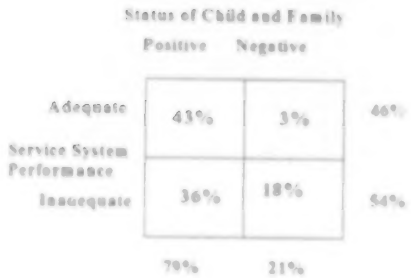

1998



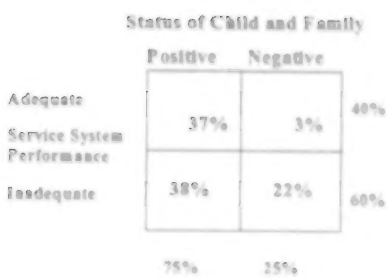

1997



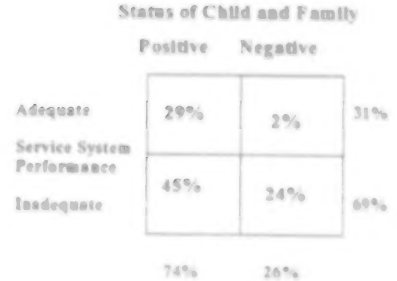

1996




1995




1994



# APPENDIX D

## Critical Issues

Critical Issues for the Child – All Cases

Critical Issues for the Child –Age of the Child

Critical Issues for the Child – Race of the Child

Critical Issues for the Child –Gender of the Child

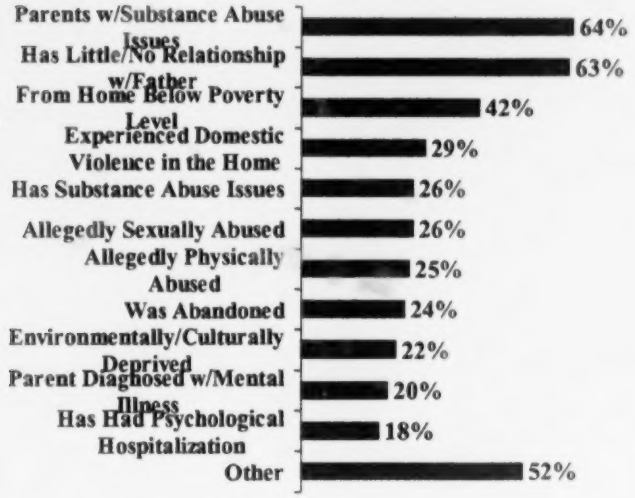
Critical Issues for the Child – Type of Residence

Critical Issues for the Child – Adjudication

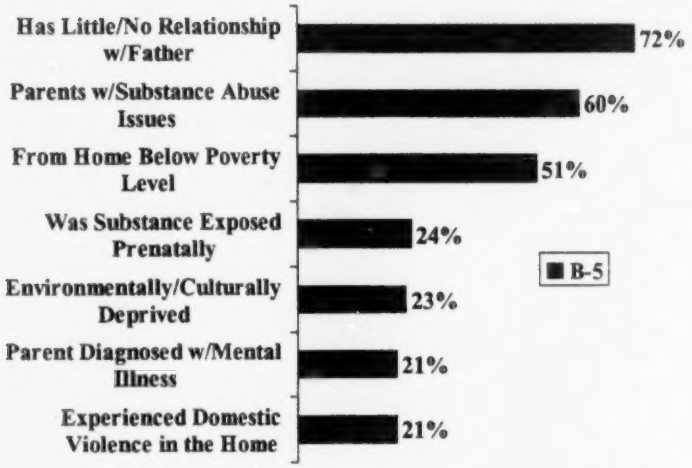
Dependent, Neglected or Abused

Critical Issues for the Child – Four-Year Comparison

# Critical Issues for the Child
## All Cases




# Critical Issues for the Child
## By Age of Child

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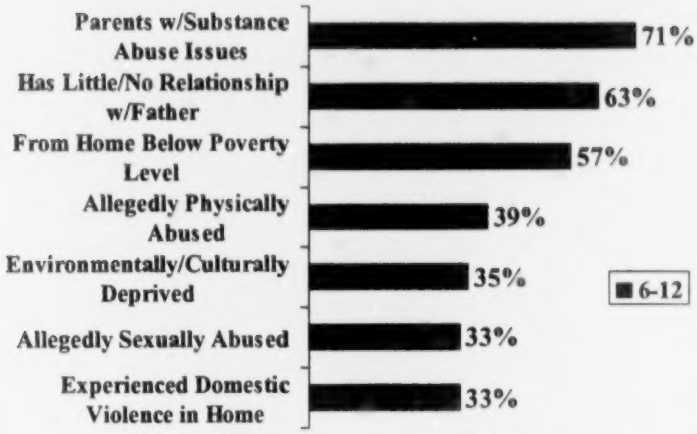
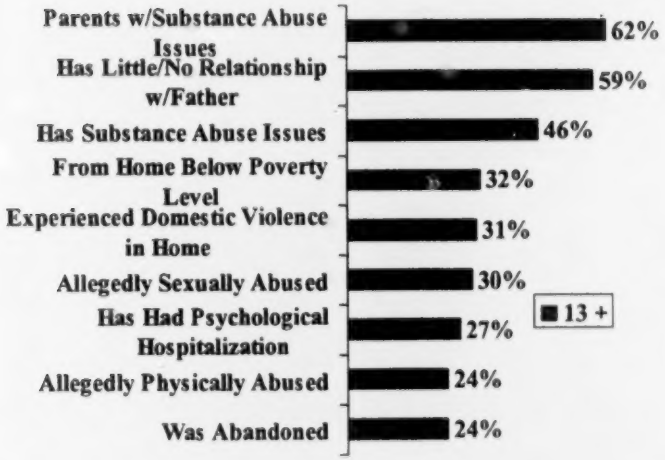
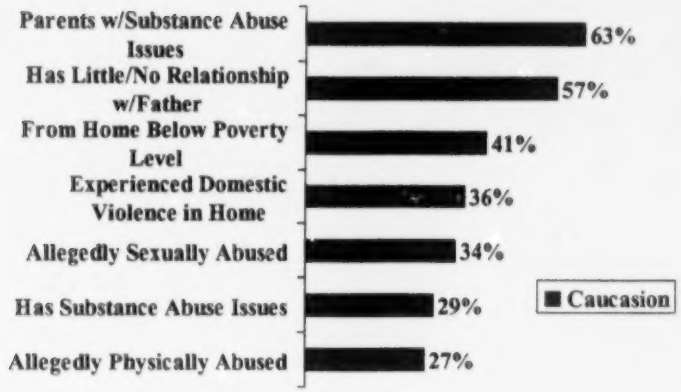
# Critical Issues for the Child
## By Age of Child



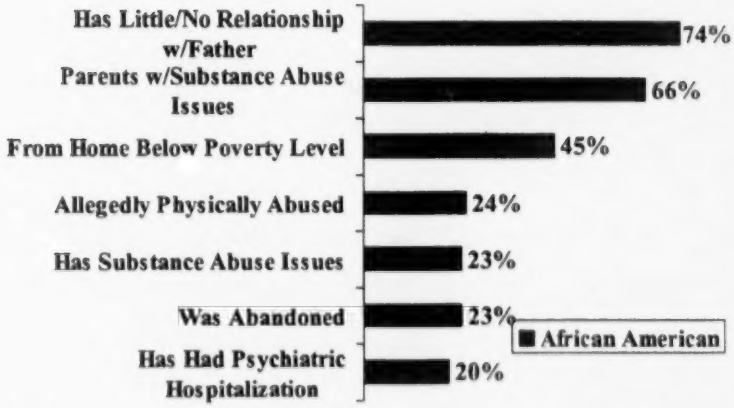

# Critical Issues for the Child
## By Age of Child



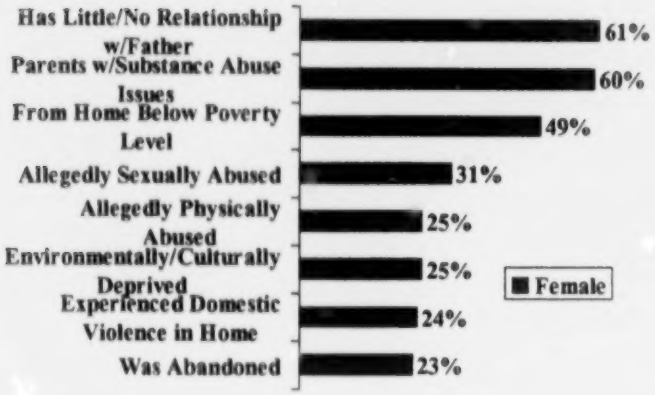
# Critical Issues for the Child
## By Race of Child



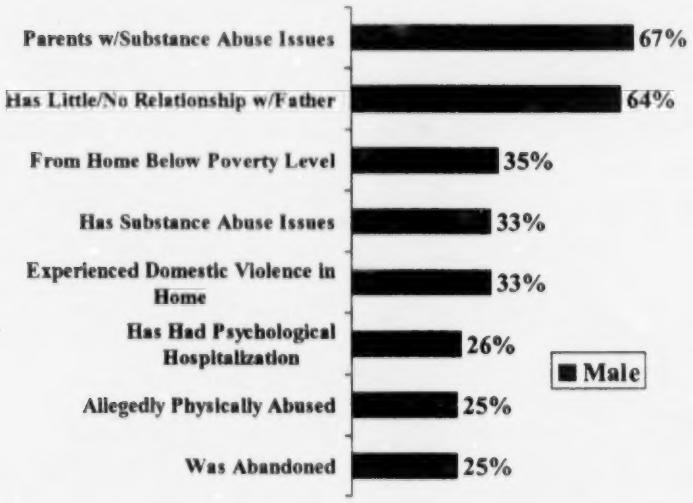

# Critical Issues for the Child
## By Race of Child



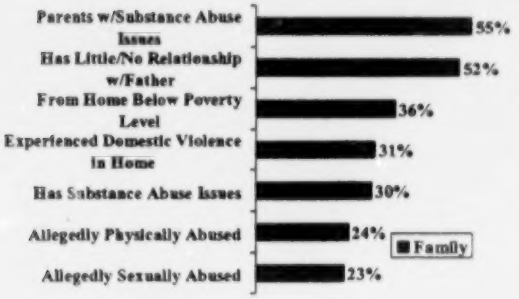
# Critical Issues for the Child
## By Gender of Child



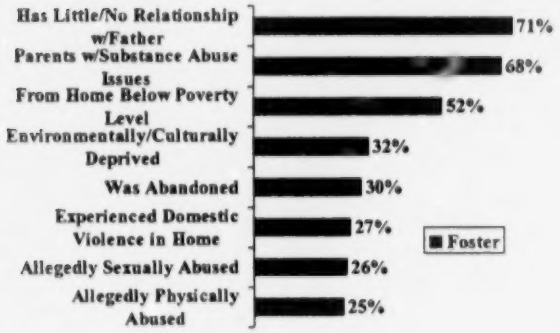

# Critical Issues for the Child
## By Gender of Child



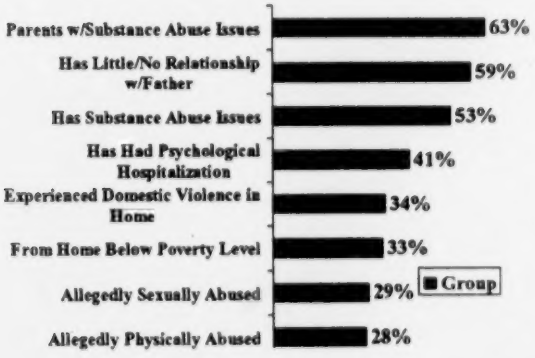
# Critical Issues for the Child
## By Residence



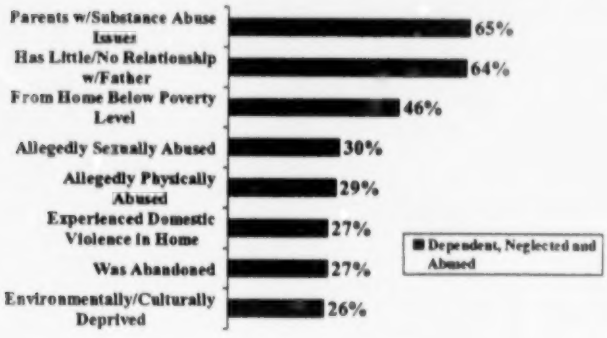

# Critical Issues for the Child
## By Residence



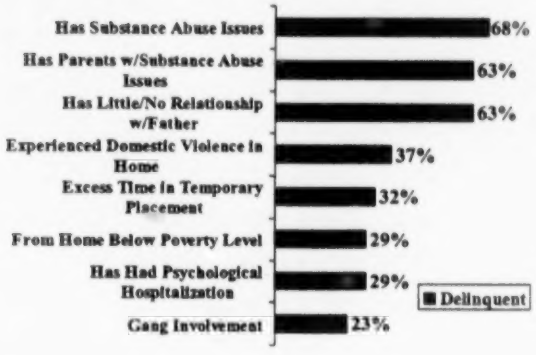

# Critical Issues for the Child
## By Residence



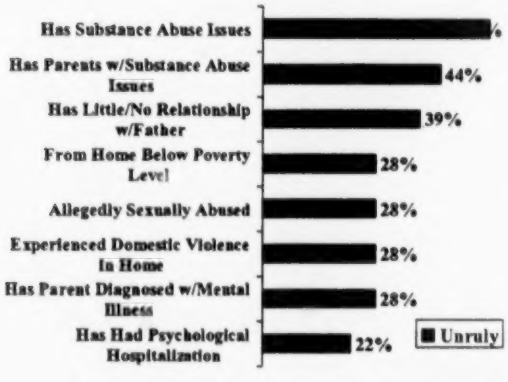
## Critical Issues for the Child
### By Adjudication




## Critical Issues for the Child
### By Adjudication




## Critical Issues for the Child
### By Adjudication



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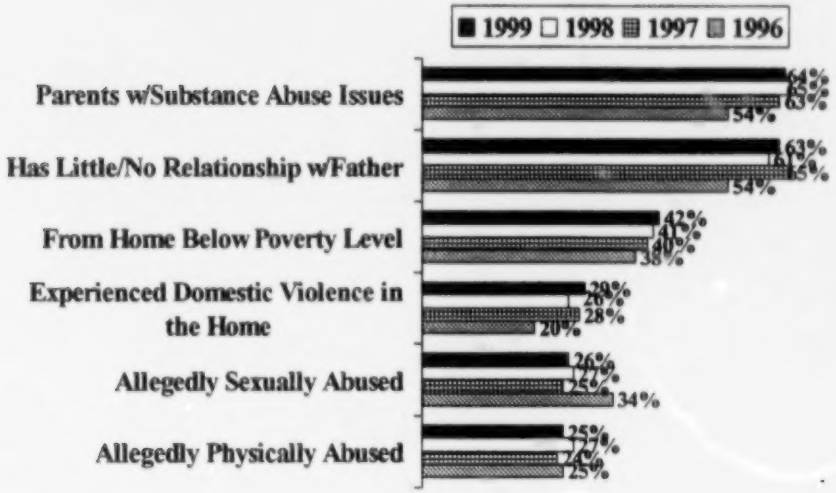
# Critical Issues For The Child

## Comparison with Previous Years



# APPENDIX E

## System Component Performance

System Component Performance – Response Options

System Component Performance – Department of Children's Services

System Component Performance- Placement

System Component Performance – Parent(s)

System Component Performance - Child

System Component Performance - Court

System Component Performance - School

## *System Component Performance*

***Reviewers responded to questions regarding responsibilities of the following system components:***

| | |
|---|---|
| Custodial Department | Court |
| Placement | School System |
| Parent | Child |

***Response options included:***

| | |
|---|---|
| Yes | No |
| Somewhat | NA |

***Points were given as follows:***

| | | | |
|---|---|---|---|
| Yes | 100 | No | 0 |
| Somewhat | 50 | NA | Not included in average |

***Points were averaged for the scores presented. It should be noted that the scores are NOT percentages.***

| *Did Department of Children Services...* | '99 | '98 |
|---|---|---|
| *Know the child and family and their needs?* | 77 | 73 |
| *Work to keep/get the child out of custody if appropriate?* | 71 | 69 |
| *If custody was necessary, work to get a family or friend placement, if appropriate?* | 82 | 76 |
| *Collect all necessary information to assess the child in a timely manner?* | 70 | 67 |
| *Participate in the development of the most recent Permanency Plan that sufficiently addressed the child's & family's needs?* | 66 | 61 |
| *Participate in the development of a Permanency Plan that contained clear objectives?* | 68 | 62 |

| Did Department of Children Services... | '99 | '98 |
|---|---|---|
| Work with the placement to avoid disruption? | 76 | 67 |
| Work with the child (& family, if applicable) to achieve Permanent Goal in a timely manner? | 65 | 58 |
| Monitor change, progress, problems and keep the family, child, and court apprised? | 66 | 59 |
| Cooperate with all involved parties to accomplish goals in a timely manner? | 71 | 65 |
| Provide appropriate legal and other assistance necessary to move the child out of state custody? | 62 | 56 |
| Total Average | 70 | 64 |

| Did the Placement... | '99 | '98 |
|---|---|---|
| Meet the child's physical needs? | 99 | 98 |
| Meet the child's emotional needs? | 92 | 91 |
| Provide the services that are identified in the Permanency Plan for implementation by the placement agency, or provide written notification that they are not capable of providing identified services? | 95 | 93 |
| Work with the child toward obtaining the Permanent Goal or stepping down in a timely manner? | 93 | 90 |
| Work with the parents/Permanent Goal if appropriate? | 87 | 83 |
| Cooperate with all involved parties to accomplish goals in a timely manner? | 95 | 91 |
| Total Average | 94 | 92 |

| Did the Parent(s)... | '99 | '98 |
|---|---|---|
| Provide reasonable financial support for the child based on available resources if ordered to do so? | 39 | 43 |
| Provide informal support (money, clothing, etc.), based on available resources, even if no support ordered? | 50 | 54 |
| Visit with the child? | 70 | 70 |
| Assist the child in returning/remaining home or in obtaining the Goal Home? | 56 | 55 |
| Make efforts to achieve the outcomes identified in the Pernanency Plan in a timely manner? | 51 | 53 |
| Cooperate with all involved parties to accomplish goals in a timely manner? | 53 | 54 |
| **Total Average** | 54 | 56 |

| Did the Child... | '99 | '98 |
|---|---|---|
| Cooperate with the placement in order to avoid a disruption? | 83 | 83 |
| Work toward the Permanent Goal? | 82 | 83 |
| Make efforts to achieve the outcomes identified in the Permanency Plan in a timely manner? | 81 | 81 |
| Achieve progress in treatment? | 82 | 82 |
| Achieve progress (based on ability) in school or a vocation? | 81 | 80 |
| **Total Average** | 82 | 82 |

| Did the Court... | '99 | '98 |
|---|---|---|
| Make efforts to keep the child out of state custody? | 81 | 79 |
| Order a non-custodial, if appropriate? | 43 | 48 |
| Act in a timely manner? | 92 | 90 |
| Order reasonable financial support for the child based on available resources? | 43 | 49 |
| Review the child in foster care review board every 6 months? | 84 | 81 |
| Keep records or track this child while in custody? | 74 | 71 |
| Facilitate release of the child from state custody, when appropriate, in a timely manner? | 65 | 56 |
| **Total Average** | 71 | 71 |

| Did the School... | '99 | '98 |
|---|---|---|
| Intervene at earliest indication of problems? | 83 | 76 |
| If appr.. identify problem behaviors and set up behavior modification plans to address them? | 84 | 75 |
| Obtain special evaluations when indicated? | 84 | 84 |
| Convene M-Team for child if indicated? | 88 | 81 |
| Reevaluate every 3 years for recertification? | 82 | 78 |
| Include parent(s) in planning? | 74 | 70 |
| Provide special services when indicated? | 86 | 82 |
| Make efforts to keep the child actively involved in and attending school? | 90 | 85 |
| **Total Average** | 84 | 80 |

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# APPENDIX F

## Percentages By Region

1997/1998/1999 Status of Child and Family Per Region

1997/1998/1999 Status of Service System Performance Per Region

1997/1998/1999 Percentages of Cases Per Region

## 1997/1998/1999 Status Of Child And Family Per Region

| Category | 1997 State wide | 1998 State wide | 1999 State wide | 1997 Fl | 1998 Fl | 1999 Fl | 1997 Mpx | 1998 Mpx | 1999 Mpx | 1997 Ne | 1998 Ne | 1999 Ne | 1997 Ke | 1998 Ke | 1999 Ke | 1997 Se | 1998 Se | 1999 Se | 1997 Ik | 1998 Ik | 1999 Ik |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number Of Cases Reviewed | 117 Of 587 | 350 Of 587 | 348 Of 583 | 49 | 49 | 49 | 59 | 60 | 59 | 49 | 48 | 48 | 17 | 18 | 17 | 18 | 49 | 48 | 19 | 49 | 19 |
| Safety | 93 | 95 | 95 | 92 | 100 | 94 | 93 | 98 | 98 | 85 | 92 | 96 | 96 | 100 | 96 | 94 | 96 | 98 | 94 | 96 | 89 |
| Emotional Well-Being | 84 | 85 | 90 | 84 | 92 | 88 | 92 | 81 | 96 | 83 | 83 | 91 | 89 | 94 | 85 | 82 | 87 | 98 | 83 | 83 | 90 |
| Physical Well-Being | 95 | 99 | 98 | 92 | 98 | 96 | 97 | 100 | 100 | 89 | 93 | 98 | 96 | 98 | 96 | 96 | 100 | 98 | 100 | 100 | 100 |
| Caregiver Functioning | 94 | 94 | 96 | 93 | 94 | 100 | 95 | 96 | 100 | 95 | 89 | 96 | 100 | 94 | 98 | 91 | 94 | 98 | 94 | 93 | 85 |
| Overall Status | 83 | 81 | 87 | 80 | 84 | 87 | 92 | 81 | 94 | 78 | 81 | 87 | 89 | 83 | 80 | 83 | 87 | 91 | 81 | 83 | 86 |

## 1997/1998/1999 Status Of Child And Family Per Region

| Category | 1997 State wide | 1998 State wide | 1999 State wide | 1997 Ik | 1998 Ik | 1999 Ik | 1997 Sc | 1998 Sc | 1999 Sc | 1997 Uc | 1998 Uc | 1999 Uc | 1997 Sw | 1998 Sw | 1999 Sw | 1997 Nw | 1998 Nw | 1999 Nw | 1997 Nk | 1998 Nk | 1999 Nk |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number Of Cases Reviewed | 117 Of 587 | 350 Of 587 | 348 Of 583 | 48 | 48 | 47 | 47 | 17 | 47 | 47 | 47 | 47 | 19 | 19 | 48 | 45 | 45 | 45 | 49 | 19 | 19 |
| Safety | 93 | 95 | 95 | 94 | 81 | 84 | 97 | 96 | 98 | 92 | 93 | 98 | 96 | 90 | 98 | 98 | 91 | 98 | 96 | 96 | 98 |
| Emotional Well-Being | 84 | 85 | 90 | 79 | 82 | 83 | 80 | 76 | 91 | 85 | 84 | 89 | 81 | 82 | 85 | 93 | 91 | 93 | 79 | 85 | 81 |
| Physical Well-Being | 95 | 99 | 98 | 98 | 95 | 98 | 98 | 98 | 98 | 89 | 100 | 98 | 96 | 91 | 100 | 98 | 98 | 100 | 100 | 98 | 94 |
| Caregiver Functioning | 94 | 94 | 96 | 91 | 90 | 95 | 93 | 85 | 98 | 91 | 89 | 100 | 92 | 83 | 92 | 98 | 93 | 98 | 94 | 93 | 89 |
| Overall Status | 83 | 81 | 87 | 79 | 75 | 76 | 79 | 74 | 89 | 81 | 77 | 89 | 81 | 73 | 83 | 91 | 84 | 93 | 77 | 80 | 79 |

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# *1997/1998/1999 Status Of Service System Performance Per Region*

| Category | 1997 State wide | 1998 State wide | 1999 State wide | 1997 Ft | 1998 Ft | 1999 Ft | 1997 Mpx | 1998 Mpx | 1999 Mpx | 1997 Ne | 1998 Ne | 1999 Ne | 1997 Ke | 1998 Ke | 1999 Ke | 1997 Sc | 1998 Sc | 1999 Sc | 1997 Ik | 1998 Ik | 1999 Ik |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number Of Cases Reviewed | 347 Of 587 | 350 Of 587 | 348 Of 583 | 49 | 49 | 49 | 59 | 60 | 59 | 49 | 48 | 48 | 17 | 18 | 47 | 48 | 48 | 48 | 49 | 49 | 49 |
| Assessment Of Needs | 86 | 73 | 70 | 88 | 76 | 73 | 88 | 63 | 72 | 88 | 72 | 83 | 93 | 81 | 70 | 75 | 71 | 52 | 79 | 78 | 57 |
| Long Term View For Services | 83 | 75 | 82 | 92 | 80 | 90 | 85 | 80 | 78 | 90 | 83 | 96 | 87 | 88 | 85 | 81 | 71 | 81 | 88 | 88 | 79 |
| Child Participation | 92 | 85 | 90 | 100 | 94 | 97 | 83 | 72 | 73 | 100 | 73 | 100 | 84 | 97 | 88 | 97 | 90 | 94 | 89 | 92 | 93 |
| Family Participation | 81 | 74 | 83 | 88 | 86 | 87 | 75 | 76 | 64 | 91 | 65 | 83 | 93 | 83 | 79 | 80 | 90 | 97 | 81 | 82 | 80 |
| Service Plan Design | 72 | 48 | 63 | 82 | 43 | 77 | 75 | 40 | 60 | 77 | 42 | 65 | 75 | 52 | 67 | 69 | 48 | 51 | 65 | 37 | 61 |
| Service Plan Implementation | 73 | 69 | 79 | 87 | 64 | 87 | 72 | 77 | 80 | 89 | 77 | 78 | 83 | 83 | 85 | 70 | 61 | 77 | 63 | 79 | 78 |
| Service Coordination | 70 | 59 | 67 | 76 | 45 | 81 | 72 | 65 | 70 | 77 | 62 | 80 | 77 | 71 | 61 | 56 | 52 | 57 | 65 | 53 | 55 |
| Monitoring And Change | 72 | 60 | 74 | 80 | 49 | 83 | 73 | 68 | 75 | 80 | 62 | 91 | 75 | 65 | 68 | 62 | 54 | 67 | 69 | 62 | 65 |
| Overall Adequacy Of Services | 51 | 33 | 46 | 61 | 20 | 61 | 49 | 32 | 48 | 63 | 35 | 56 | 55 | 44 | 45 | 44 | 29 | 29 | 43 | 29 | 39 |

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# *1997/1998/1999 Status Of Service System Performance Per Region*

| Category | 1997 State wide | 1998 State wide | 1999 State wide | 1997 He | 1998 He | 1999 He | 1997 Se | 1998 Se | 1999 Se | 1997 Ue | 1998 Ue | 1999 Ue | 1997 Sw | 1998 Sw | 1999 Sw | 1997 Nw | 1998 Nw | 1999 Nw | 1997 Mk | 1998 Mk | 1999 Mk |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number Of Cases Reviewed | 317 Of 587 | 350 Of 587 | 318 Of 583 | 48 | 48 | 47 | 47 | 47 | 47 | 47 | 47 | 47 | 49 | 49 | 48 | 45 | 45 | 45 | 49 | 49 | 49 |
| Assessment Of Needs | 86 | 73 | 70 | 91 | 70 | 74 | 87 | 77 | 83 | 89 | 66 | 83 | 92 | 74 | 60 | 89 | 84 | 84 | 82 | 80 | 69 |
| Long Term View For Services | 83 | 75 | 82 | 73 | 77 | 74 | 79 | 68 | 85 | 92 | 72 | 92 | 81 | 54 | 62 | 84 | 76 | 93 | 71 | 82 | 81 |
| Child Participation | 92 | 85 | 90 | 100 | 81 | 88 | 82 | 88 | 79 | 92 | 86 | 94 | 88 | 80 | 85 | 100 | 93 | 97 | 87 | 88 | 95 |
| Family Participation | 81 | 74 | 83 | 85 | 74 | 80 | 79 | 67 | 82 | 90 | 80 | 94 | 73 | 63 | 67 | 90 | 82 | 89 | 72 | 73 | 85 |
| Service Plan Design | 72 | 48 | 63 | 62 | 52 | 40 | 66 | 57 | 59 | 81 | 45 | 74 | 70 | 41 | 40 | 82 | 49 | 57 | 61 | 71 | 71 |
| Service Plan Implementation | 73 | 69 | 70 | 70 | 74 | 68 | 74 | 67 | 72 | 79 | 69 | 82 | 73 | 60 | 64 | 87 | 77 | 83 | 57 | 60 | 66 |
| Service Coordination | 70 | 59 | 67 | 63 | 69 | 69 | 64 | 68 | 64 | 81 | 68 | 81 | 67 | 57 | 42 | 84 | 69 | 73 | 61 | 58 | 67 |
| Monitoring And Change | 72 | 60 | 74 | 75 | 63 | 80 | 64 | 68 | 63 | 77 | 68 | 89 | 71 | 45 | 55 | 82 | 73 | 87 | 61 | 57 | 65 |
| Overall Adequacy Of Services | 51 | 33 | 46 | 39 | 40 | 28 | 43 | 32 | 38 | 62 | 30 | 60 | 47 | 24 | 25 | 69 | 36 | 51 | 41 | 43 | 43 |

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# *1997/1998/1999 Percentages Of Cases Per Region*

| Classes | 1997 Statewide | 1998 Statewide | 1999 Statewide | 1997 Ik | 1998 Ik | 1999 Ik | 1997 Se | 1998 Se | 1999 Se | 1997 Uc | 1998 Uc | 1999 Uc | 1997 Sn | 1998 Sn | 1999 Sn | 1997 Nw | 1998 Nw | 1999 Nw | 1997 Nk | 1998 Nk | 1999 Nk |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number Of Cases Reviewed | 117 Of 587 | 350 Of 587 | 118 Of 583 | 48 | 48 | 47 | 47 | 47 | 47 | 47 | 47 | 47 | 49 | 49 | 48 | 45 | 45 | 45 | 49 | 49 | 49 |
| Status Of The Child & Family | 83 | 81 | 87 | 79 | 75 | 76 | 79 | 74 | 89 | 81 | 77 | 89 | 84 | 73 | 83 | 91 | 84 | 93 | 77 | 80 | 79 |
| Service System Performance | 51 | 33 | 46 | 39 | 40 | 28 | 43 | 32 | 38 | 62 | 30 | 60 | 47 | 24 | 25 | 69 | 36 | 51 | 41 | 43 | 43 |
| Appropriate For Custody | 93 | 93 | 97 | 98 | 96 | 98 | 85 | 96 | 96 | 94 | 94 | 98 | 94 | 92 | 98 | 96 | 96 | 100 | 82 | 86 | 96 |
| Custody Too Long | 24 | 28 | 26 | 21 | 12 | 13 | 25 | 34 | 19 | 15 | 21 | 28 | 33 | 26 | 42 | 18 | 20 | 24 | 39 | 35 | 34 |
| Incarceration Of Parents | 51 | 57 | 55 | 50 | 48 | 55 | 47 | 65 | 68 | 55 | 72.3 | 58 | 43 | 44.9 | 51 | 53 | 64 | 62 | 57 | 51 | 43 |
| Parents W/Substance Abuse Issues | 63 | 65 | 64 | 58 | 67 | 49 | 68 | 62 | 68 | 57 | 70 | 62 | 61 | 57 | 67 | 49 | 76 | 58 | 59 | 59 | 63 |
| Children W/Substance Abuse Issues | 24 | 25 | 26 | 25 | 27 | 27 | 17 | 9 | 21 | 32 | 30 | 30 | 39 | 29 | 23 | 36 | 33 | 31 | 22 | 31 | 29 |
| Experienced Domestic Violence In Home | 28 | 26 | 29 | 23 | 15 | 21 | 45 | 30 | 36 | 34 | 32 | 38 | 39 | 27 | 21 | 27 | 27 | 29 | 41 | 43 | 39 |
| Little Or No Relationship With Father | 65 | 61 | 63 | 69 | 67 | 72 | 64 | 60 | 60 | 53 | 43 | 51 | 67 | 61 | 75 | 62 | 60 | 64 | 63 | 61 | 57 |
| Allegedly Sexually Abused | 25 | 27 | 26 | 13 | 29 | 21 | 32 | 40 | 30 | 38 | 32 | 40 | 22 | 10 | 27 | 22 | 24 | 11 | 18 | 31 | 27 |

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# *1997/1998/1999 Percentages Of Cases Per Region*

| Category | 1997 State wide | 1998 State wide | 1999 State wide | 1997 El | 1998 El | 1999 El | 1997 Mpx | 1998 Mpx | 1999 Mpx | 1997 Ne | 1998 Ne | 1999 Ne | 1997 Ke | 1998 Ke | 1999 Ke | 1997 Se | 1998 Se | 1999 Se | 1997 Ik | 1998 Ik | 1999 Ik |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of Cases Reviewed | 317 of 587 | 350 of 587 | 348 of 583 | 49 | 49 | 49 | 59 | 60 | 59 | 49 | 48 | 48 | 47 | 49 | 47 | 48 | 48 | 48 | 49 | 49 | 49 |
| Status of The Child & Family | 83 | 81 | 87 | 80 | 84 | 87 | 92 | 81 | 94 | 78 | 81 | 87 | 89 | 84 | 80 | 83 | 87 | 91 | 81 | 83 | 86 |
| Service System Performance | 51 | 33 | 46 | 61 | 20 | 61 | 49 | 32 | 48 | 63 | 35 | 56 | 55 | 41 | 45 | 44 | 29 | 29 | 43 | 29 | 39 |
| Appropriate For Custody | 93 | 93 | 97 | 92 | 96 | 94 | 98 | 98 | 98 | 90 | 92 | 96 | 91 | 93 | 98 | 96 | 94 | 92 | 98 | 92 | 94 |
| Custody Too Long | 24 | 28 | 26 | 18 | 24 | 22 | 37 | 40 | 39 | 18 | 42 | 31 | 21 | 31 | 26 | 23 | 29 | 23 | 12 | 18 | 11 |
| Incarceration Of Parents | 51 | 57 | 55 | 43 | 47 | 56 | 47 | 50 | 45 | 61 | 62 | 64 | 62 | 67 | 64 | 60 | 48 | 66 | 53 | 65 | 69 |
| Parents W/Substance Abuse Issues | 63 | 65 | 64 | 63 | 47 | 63 | 78 | 60 | 63 | 67 | 67 | 67 | 70 | 79 | 70 | 46 | 63 | 58 | 67 | 69 | 69 |
| Children W/Substance Abuse Issues | 24 | 25 | 26 | 41 | 37 | 41 | 12 | 5 | 10 | 37 | 25 | 23 | 23 | 23 | 19 | 19 | 33 | 29 | 10 | 31 | 39 |
| Experienced Domestic Violence In Home | 28 | 26 | 29 | 39 | 29 | 35 | 20 | 20 | 14 | 29 | 21 | 31 | 32 | 17 | 53 | 29 | 29 | 29 | 18 | 12 | 41 |
| Little Or No Relationship With Father | 65 | 61 | 63 | 61 | 47 | 57 | 76 | 67 | 64 | 57 | 52 | 54 | 68 | 63 | 74 | 54 | 71 | 60 | 63 | 65 | 69 |
| Allegedly Sexually Abused | 25 | 27 | 26 | 29 | 31 | 20 | 14 | 25 | 25 | 27 | 19 | 33 | 32 | 31 | 34 | 33 | 35 | 31 | 14 | 24 | 18 |



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